

Office Use Only:

With Honors

Distinction

Grad GPA: _____

SACP

SGRD

UACF

D

Counselor Signature (required): _____ Date: _____



Application for Graduation

Complete form and return to:
Columbia College, Admissions & Records
11600 Columbia College Drive
Sonora, CA 95370
Fax (209) 588-5337

Student ID# _____ Birth Date _____ Semester degree **will** be completed _____ Year _____
(see catalog for deadline dates)

I wish my name to **appear** on my diploma as follows (**OPTIONAL: include my middle name in its entirety or just my middle initial**):

_____ Last Name First Full Middle Name or Middle Initial

Please indicate your choice of degree:

ASSOCIATE IN ARTS

ASSOCIATE IN SCIENCE

ASSOCIATE IN SCIENCE
(Occupational Education)

ASSOCIATE IN ARTS FOR TRANSFER

ASSOCIATE IN SCIENCE FOR TRANSFER

CUSTOMIZED GE BREADTH

Catalog year I am following: _____ Major _____
Title of major **EXACTLY** as it appears in the catalog

My mailing address: _____
Street Address/P.O. Box City State Zip Code

Permanent e-mail address: _____ Phone: _____
(Include area code)

Do you plan to transfer to a four-year university? Yes No

I authorize Columbia College to print my name in the commencement program and to release my name to local newspapers.
 Yes No

In order to have this graduation application evaluated, I understand it is MY RESPONSIBILITY to have official transcripts from ALL colleges on file at Columbia College. I certify that the information contained in this application is true and accurate to the best of my knowledge.

Using other transcripts – please list TWai (including College Board AP scores, DD 214):

Signature (required): _____ Date: _____

Office Use Only:

OTC Letter _____
 Final Letter _____

SREP

Eval. Prelim.

Eval. Final

Eligible

Ineligible

Late Applications:

GRAD INFO

GRAD COMMITTEE