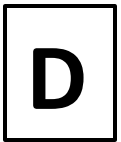




APPLICATION FOR GRADUATION

Complete form and submit to *Admissions & Records*



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 middle name or just middle initial**):

Last Name

First

Full Middle Name or Middle Initial

Please indicate your choice of degree & pattern: **GE Pattern** **CSU** **IGETC** **IGETC for STEM**

Associate in Arts

Associate in Science

Associate in Arts for Transfer

Associate in Science for Transfer

Catalog year: _____ Major _____

Education Plan Attached

Degree Audit

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: () _____

Hometown _____

I plan to transfer to a four-year university Yes No

I plan to attend the graduation ceremony Yes No

I am a Veteran Yes No Decline to answer

I authorize Columbia College to print my name in the commencement program and to release my name to local newspapers.

Yes No

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

ARRC Petition associated with this Degree

Applying for additional degree(s) or certificate(s)

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.

Signature (required): _____ **Date:** _____

Counselor Signature (required): _____ **Date:** _____

Office Use Only:		Late Applications:	
OTC Letter _____	<input type="checkbox"/> SREP	Program # _____	<input type="checkbox"/> GRAD INFO
Final Letter _____	<input type="checkbox"/> Eval. Prelim	<input type="checkbox"/> Eligible	<input type="checkbox"/> GRAD COMMITTEE
GPA _____	<input type="checkbox"/> Eval. Final	<input type="checkbox"/> Ineligible	
	<input type="checkbox"/> with HONORS	<input type="checkbox"/> with DISTINCTION	