

APPLICATION FOR DIPLOMA

INSTRUCTIONS:

1. This application is to be filed at the beginning of your last semester of enrollment.
2. Complete the application in ink. Please **PRINT** clearly.
3. **RETURN** the completed application to Registrar's Office Room CC1260

This is only an application for diploma not a guarantee that you meet all requirements for your diploma. It is recommended that you make an appointment with your program advisor for a review of your academic record.

PERSONAL DATA:

Student ID Number _____

Name _____

Diplomas will be mailed to the address in our computer system. If you want it mailed to a different address you must go on line to your campus connect account and change it under "personal information" or complete an "Information Change form" with the Registrar's office.

DIPLOMA INFORMATION:

I hereby apply for my diploma: (Check one)

- ____ Associate of Applied Science
- ____ Associate of Science
- ____ Associate of Arts
- ____ Technical Certificate
- ____ Certificate

Do you plan to participate in the May commencement? _____

Program _____ Concentration _____

Date of Completion (month/year) _____

ALUMNI RECORD:

Person who can assist us in reaching you after several years:

Parent/Guardian

Name _____ Telephone (area code) _____/_____

Mailing Address _____
Street City State Zip

Signature _____ Date _____