



APPLICATION FOR DIPLOMA  
IVY TECH COMMUNITY COLLEGE

Term: \_\_\_\_\_ Campus: \_\_\_\_\_

Date	Last Name	First Name	MI	Student ID Number (C#)

**PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON THE DIPLOMA.**

**Mailing Address:** your diploma will be mailed to this address

Address:			
City:	State:	Zip:	
Contact #:			

**Graduation Information:**

Program Name	Curriculum Year	Date of Completion	Degree (Circle Choice)
			AS AAS AGS TC CT

*Unless you have a form to prohibit the release of "Public Directory Information," your name may be released for newspaper publication. Your residence will be assumed to be the city or town you listed for your mailing address.*

Yes, I will be attending graduation      Year Attending 20\_\_\_\_\_

No, I will not be attending graduation

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Advisor Approval:**

_____ Advisor signature:
_____ Date

*This is only an application for graduation and 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.*

