

APPLICATION FOR GRADUATION IVY TECH COMMUNITY COLLEGE OF INDIANA

Program: _____ Concentration: _____ Degree: _____

Do you plan to attend graduation? _____ Term: _____ Campus: _____

Date	Last Name	First Name	MI	Social Security Number

Print your name as you wish it to appear on diploma.

Signature

Mailing Address

Address:		City:	State:	Zip:
County:	Telephone: Home:	Contact		

Program Information

Program Name	Concentration Name	Date of Completion	Degree		
			AS	AFA	AA
			AAS	TC	CRT

Did you attend Ivy Tech before Fall of 1990?	When?	Where?
YES NO		

Unless you have filed 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.

Alumni Record (person who can assist us in reaching you after graduation, other than in your household):

Name:	Telephone:
Address:	City: State: Zip:

Placement Information

Present Employer:	Position:			
Address:	City: State: Zip:			
Supervisor's Name:	Starting Salary	Current Salary:	Number of Hours per week:	
Which of the following employment services do you wish to use? (Please circle all that apply.)				
Job Referral	Resume Critique	Job Search Counseling	Workshop Seminar	Job/Career Fair
Interview Techniques	Mock Interviews	Job Skills Credit Course	Job Bulletin Board	

Advisor Signature

Date

For Office Use Only:

Final Check-Out Term	Input By:	Date
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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.