APPLICATION FOR GRADUATION

$15.00 for graduation / $37.00 fr re-orders (Fees are not refundable, fees are subject to change)

NAME: _____

GCC ID#: _____

ALIAS: _____
(If you have used another name please indicate it here; i.e. maiden name)

BIRTH DATE _____

Mailing Address:: _____
For example, PO Box 12345

GENDER: [ ] Male [ ] Female

_____
City   Sate   ZIP Code

Telephone: _____
Home, Work, Mobile

Email Address: _____
Email address you can be contacted at regarding this evaluation

Catalog Year: _____
Catalog Year used for this evaluation (e.g. AY2011-2012)

EXPECTED GRADUATION/COMPLETION TERM *(i.e. 2013 Fall)*: _____

PROGRAM OF STUDY

[ ] Associate Degree   [ ] Certificate   [ ] High School   [ ] Adult High School   [ ] Other (indicate below)

Program of Study: _____
Specify your program of study (e.g. AA in Education, CERT in Criminal Justice, Industry CERT in Cosmetology, VocTech HS Class of 1984, etc.

Name for diploma: _____
Specify the name you wish to appear on your diploma (i.e. your legal name). No nicknames, please.

I will Participate in the Commencement Ceremony: Yes: [ ]   No   [ ]

An evaluation of records submitted to GCC will be conducted according to the requirements in the GCC Catalog indicated above. GCC Admissions & Registration Office should have received any additional information such as official transcript(s) and related college catalogs or course descriptions directly from the schools/institutions listed below. Failure to provide these documents will result in a delay in processing this request.

Student Signature: _____   **Date:** _____

For Business Office Use:

Does this student have an outstanding obligation to the College? ( )No   ( )Yes _____
Number of Degree/ Certificate/ Diplomas ordered: _____   Amount Paid: _____   Receipt Number: _____

For Admissions & Registration Office Use:

Date admitted to GCC: _____ Semester Hours completed to date: GCC_____   Total transfer of credits:_____
Residency Requirement: Met_____ Not Met_____
Cumulative Grade Point Average (GPA): _____ as of _____

Refer to attached evaluation report for details

Recommended for GRADUATION: DIPLOMA ORDERED: ADDED TO GRADUATE LIST:
_____Yes_____ _____   ___Yes ___No_____   _____Yes _____No_____
     Graduation Date   Program   Initials/Date   Initials/Date

NOTE: Upon successful completion of the following: _____
_____

_____No (Comments:_____
_____