**ALVIN COMMUNITY COLLEGE**
**Graduation Application**

**MUST BE PRINTED IN INK**:

_____
Last First Middle

Student ID _____

Student SSN _____/_____/_____

**Steps to apply for graduation:**

1. Review program requirements with your Department Chair (AAS or Cert Programs) or with an Advisor (A.A., A.S. or A.A.T. programs) to ensure that all requirements for graduation are met or are in progress in the current semester. **A signature is required from Department Chair or Advisor.**
2. Submit the application and the program evaluation to the Admissions Office by the published semester deadline date.
3. I have read and understand the above requirements.

_____ _____
Applicant's Signature Date

*Print name as it should appear on degree or certificate:*

_____/_____/_____
First name Middle name Last name

**Mark one:** _____ **I will** _____ **I will not participate in the semester commencement ceremony**

**Graduation Date: [ ] May** _____ **[ ] August** _____ **[ ] December** _____
Year Year Year

| Check all that apply & write major name as listed on Program Evaluation(s) in appropriate space provided below: | **Diploma Requested Circle** | **Dept. Chair or Counselor/Advisor Signature** | **Course Substitution form needed** | **ADM / REGISTRAR OFFICE ONLY** |
|---|---|---|---|---|
| | | | | **Appl taken by:** |
| | | | | **GPA Chk:** |
| | | | | **Restrictions Chk:** |
| [ ] Associate of Arts Degree in: | **Y N** | | | **Transcript Chk:** |
| [ ] Associate of Science Degree in: | **Y N** | | | **TSI Chk:**<br>**Hrs of Residency:** |
| [ ] Associate of Arts-Teaching Degree in: | **Y N** | | | **Req Completed:** |
| [ ] Associate of Applied Science in: | **Y N** | | | **Master *List*:** |
| [ ] Certificate in: | **Y N** | | | **Program Eval:** |
| [ ] Additional Degree or Certificate | **Y N** | | | **SGRD:** |

[ ] I am currently taking courses at another institution(s) that apply toward this degree/certificate. I understand that I must have official transcripts on file by the end of the term in which I am applying for graduation.

Institution_____ Institution_____

Course_____ Course _____

Course_____ Course_____

Student Comments:_____

Student did not meet graduation requirements:_____

_____

Distribution: White – Registrar's Office Yellow – Student Rev. 07/2016