# SOWELA TECHNICAL COMMUNITY COLLEGE

## APPLICATION FOR GRADUATION Revised 10/13/08

***PRINT CLEARLY IN BLUE OR BLACK INK.***

**Semester and year in which you intend to complete all requirements for graduation:**

**Fall 20_____ Spring 20_____ Summer 20_____**

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## Student Information

**Student ID#: _____**

***NOTE: Please print your name exactly as you wish it to appear on your degree or diploma.***

**Name: _____**
**(First) (Middle) (Last)**

**_____**
**Mailing Address (Please be sure to keep address current.)**

**_____**
**_____**
**(City) (State) (Zip) Phone Number**

**Email Address: _____**

**Do you plan to attend the graduation ceremony? _____Yes _____No**
**If yes, please complete the following information:**

**_____Head Size _____ Weight _____ Chest Size _____ Height**

***I understand that if I fail to fulfill any requirements, I will not graduate in the requested semester and I must reapply for graduation at the beginning of the semester in which I expect to complete all requirements.***
***NOTE: You must attach a copy your receipt showing payment of the $35 graduation fee before your application will be processed. This must be submitted to the Office of the Registrar no later than the 5th instructional day of the semester in which you intend to graduate.***

**Student's Signature:_____**
**Date:_____**

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## Degree Information (To be completed by the advisor only)

***A separate application must be completed for each degree.***

**Degree: (AAS,AAT,TD)_____**
**Major:_____**

***My signature serves as verification that this student is a candidate for graduation for the semester indicated.***

**Advisor's Signature** **Date** **Dept Chair's Signature**
**Date**