



# GRADUATION APPLICATION

**Prospective graduate:** You must submit this completed Application, the Graduation Verification form, and the Exit Survey Confirmation to your Program Coordinator\* for completion. Your program coordinator will submit to the ACTC Welcome Center.

\*If you are applying to receive the Associate of Arts or Associate of Science degree, you do not need to meet with the coordinator. Submit all paperwork to the ACTC Welcome Center.

Name: \_\_\_\_\_

(The name that appears in Student Self-Service will be the name printed on the credential.)

Student ID: \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Graduation Term:  Fall  Spring  Summer

Title of Degree/Diploma/Certificate applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will complete all courses/requirements for graduation by the end of this semester.

I understand final eligibility for graduation will be determined after receipt of my final grades.

I understand it is my responsibility to notify the Office of Admissions and Records of any changes to my mailing address or phone number.

Should my graduation be denied, due to missing grades or incomplete requirements, I understand I must reapply for graduation once I have completed the requirements.

I understand printed credentials (degrees, diplomas, or certificates) will not be ready for pickup for at least two months after graduation.

Please check here ONLY if you would like your printed credential *mailed to you*. \*

Mail to the address listed above

-OR-

Mail to: \_\_\_\_\_  
\_\_\_\_\_

\*While we do our best to protect your credential, ACTC cannot be responsible for lost or damaged credentials due to the postal service.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## GRADUATION VERIFICATION FORM

**Student:** Complete this section **ONLY**. Then submit all forms to your Program Coordinator or Welcome Center.

**Name:** \_\_\_\_\_ **Projected Graduation Date:** \_\_\_\_\_

**Student ID#** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any transfer credit from other colleges:  Yes  No

**Program Coordinators- Please complete the following:**

- 1) List the credential the student is applying for and the academic plan number.
- 2) If, after review, the student has fully satisfied all requirements, please check "Credential Approved."
- 3) If, after review, the student is enrolled in courses during the current semester, which will apply toward their credential, please check "Conditional Approval/Courses In Progress."
- 4) List any "Courses Currently Enrolled" along with the credential they apply to in the section provided.
- 5) Complete and attach a completed program checksheet.
- 6) Submit completed Graduation Verification Form AND completed checksheet to the Registrar for processing.

Title of Degree, Diploma, or Certificate(s):	*Academic Plan Code #:	Credential Approved	Conditional Approval/ Courses In Progress	Not Approved
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Plan Code numbers may be found at: [www.ashland.kctcs.edu](http://www.ashland.kctcs.edu). Select: Academics, Program of Study, Academic Plan Codes

**Please specify below which currently enrolled classes are required for which credentials.**

Credential	Course(s) Currently Enrolled
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does the student have:

- 25% of required credits at ACTC (Degree applicants)     GPA 2.00     Cultural Studies (for AA/AS)

I have reviewed this student's records. I verify the above recommendations are accurate if the student successfully completes any course work listed above by the end of this semester. I have attached a completed program checksheet to this graduation verification.

**Program Coordinator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR GOTS ONLY: GOTS Coordinator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_