GRADUATION APPLICATION

Prospective graduate: You must submit this completed Application, the Graduation Verification form, and the online Exit Survey 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 <u>not</u> be ready for pickup for at least ten weeks after finals week. Credentials are NOT handed out at the graduation ceremony in May.

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.** Replacement credentials are $20 each. Our recommendation is students pick up their credential(s)

_____   _____

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.*

Title of Degree, Diploma, or Certificate(s):	Academic Plan Code #:	Credential Approved	Conditional Approval/ Courses In Progress	Not Approved
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐

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 taken at ACTC for each credential   ☐ 2.0 GPA

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 underline attached a completed program checksheet to this graduation verification.

Program Coordinator's Signature:_____   **Date:** _____