

**NAME:** \_\_\_\_\_  
(Printed Last Name) (Printed First Name) (MI)

**DEGREE APPLICATION**

Indicate your degree:

- ☐ Associate in Applied Science
- ☐ Associate in Arts
- ☐ Associate in Fine Arts
- ☐ Associate in Science
- ☐ Associate of Arts in Teaching
- ☐ Bachelor of Science
- ☐ Certificate of Proficiency
- ☐ Certificate of Specialization

Major:

Catalog Term: \_\_\_\_\_

Semester of Graduation:

☐ Fall      YEAR: 20\_\_\_\_  
☐ Spring  
☐ Summer

**MAIL DIPLOMA TO:**

Diplomas are mailed 4-6 weeks after commencement.

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**DIPLOMA NAME**

Print your name EXACTLY as you want it to appear on the diploma.

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Suffix (Jr.): \_\_\_\_\_

**STUDENT ACKNOWLEDGEMENT**

*(Please initial and sign below)*

\_\_\_\_\_ **I have reviewed my degree audit to verify my eligibility for graduation.** If there were any needs, I have discussed them with an academic advisor. I understand what I need to do to resolve any of my remaining graduation deficiencies. I understand if I fail to resolve all deficiencies that I will be removed from the graduation list.

\_\_\_\_\_ **I understand that this application is only for the semester indicated above.** If I wish to remove myself from the graduation list, I must email [graduation@stlcc.edu](mailto:graduation@stlcc.edu) to inform them of my intentions. If I need to change my semester of graduation, it is my responsibility to complete a new application.

\_\_\_\_\_ **I have reviewed the graduation website** which includes important information such as commencement dates, cap/gown information, and the graduation checklist

**STUDENT SIGNATURE:**

**DATE:** \_\_\_\_\_

OFFICE USE ONLY	HS Transcript: <input type="checkbox"/> ON FILE <input type="checkbox"/> NEED College Transcript: <input type="checkbox"/> ON FILE <input type="checkbox"/> NEED #HRS: _____ Pending IP Courses: <input type="checkbox"/> YES <input type="checkbox"/> NO GPA Qualifies: <input type="checkbox"/> _____ <input type="checkbox"/> NO	INITIAL REVIEW	Status:	Date:
		FINAL REVIEW	Status:	Date: