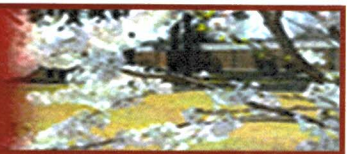




Martin Community College Application for Graduation



This application must be returned to the Registrar's Office by the published due date in catalog. GOT students must apply for graduation one semester prior to completing the program.

Name _____ Student ID _____
(Please print your legal name. This is how it will appear on the degree, diploma, and/or certificate)

Address _____
(Street/Post Office Box) (City, St, Postal Code)

Telephone () - Alternate () -

Do you plan to participate in the graduation ceremony held in May? Yes No

Check if you are currently in high school.

If Yes, complete the following: Height _____ Weight _____

Yes No

_____ **Initial to deny permission** for your name; degree program; and GPA (only if receiving an award) to be printed in the commencement program, newspaper, and/or announced.

- Application submission does not guarantee all graduation requirements have been met.
- Degrees for those not participating in the commencement exercise can be mailed if requested.

Student's Signature _____ Date _____

MUST BE COMPLETED BY ADVISOR

First Degree	_____	-	<input type="checkbox"/> A.A.S.	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> A.A.	<input type="checkbox"/> A.G.E.
	<i>Name of Program</i>	<i>Program Code</i>					
Second Degree	_____	-	<input type="checkbox"/> A.A.S.	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> A.A.	<input type="checkbox"/> A.G.E.
	<i>Name of Program</i>	<i>Program Code</i>					
Third Degree	_____	-	<input type="checkbox"/> A.A.S.	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> A.A.	<input type="checkbox"/> A.G.E.
	<i>Name of Program</i>	<i>Program Code</i>					
Fourth Degree	_____	-	<input type="checkbox"/> A.A.S.	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> A.A.	<input type="checkbox"/> A.G.E.
	<i>Name of Program</i>	<i>Program Code</i>					
Fifth Degree	_____	-	<input type="checkbox"/> A.A.S.	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> A.A.	<input type="checkbox"/> A.G.E.
	<i>Name of Program</i>	<i>Program Code</i>					
Sixth Degree	_____	-	<input type="checkbox"/> A.A.S.	<input type="checkbox"/> Diploma	<input type="checkbox"/> Certificate	<input type="checkbox"/> A.A.	<input type="checkbox"/> A.G.E.
	<i>Name of Program</i>	<i>Program Code</i>					

Graduation Term Spring Summer Fall Year _____

Please attach a current Evaluation for each degree, diploma and/or certificate requested.

Advisor's Signature _____ Date _____

MUST BE COMPLETED BY THE BUSINESS/REGISTRAR'S OFFICE

GRADUATION FEES ARE NON-REFUNDABLE * GRADUATION FEES ARE FOR A GIVEN COMMENCEMENT

<input type="checkbox"/> \$30 - First degree, diploma, and/or certificate	Amount Paid	\$
<input type="checkbox"/> \$5 - Second degree, diploma, and/or certificate	Date Paid	
<input type="checkbox"/> \$5 - Additional diploma jacket	Receipt No#:	
<input type="checkbox"/> \$5 - Additional tassell		

PERC		GPA	
CRI		Honors	
IASU		Privacy	
EVAl		Completed	

Total Amount Paid _____

Received by: _____