

APPLICATION FOR GRADUATION

Date:

| Name | (Please print your name | e as you wish it to appear on the | diploma) |
|--|---|---|---|
| List other names used | (Freuse printe your riam | • | upionu) |
| | | | |
| | | | |
| City | | State | Zip Code |
| Telephone Number | | | |
| Email Address | | | |
| Degree (Check one) | | ☐ Associate of Applied Scienc☐ Associate of General Studie | |
| be used unless the following Year of WCCCD Catalog (Catalog year must be with Do you have any waivers Are you a member of the (If yes, please attach a copy Are credits from institution curriculum? (Check one) If yes, from what institution | or credit for experience application Phi Theta Kappa International H of your induction letter or members ons (other than Wayne County Co 'Yes 'No on? 1) | ns on file? | ents in the current catalog will No No Substitute of the section |
| My signature grants my preleased to local news me | ermission for my name to be prin dia. | ted in the commencement progr | rams and/or |
| | | Signature of | Applicant |
| (Please refer to the curren | t academic class schedule for appl | ication deadlines or contact the | Campus Records/Registration Office). |
| I have checked this stude | nt's degree requirements according | to the above curriculum inform | ation. |
| Signature of Advisor, or F | rogram Director/Head | Date | |
| For Registrar Use Only Semester Average Cumulative Average Honor Graduate Curiculum Checked Registrar's Approval: Date: | | If degree requirements are a semester indicated above, the anew application | - |