



Graduation Application

Name: _____
Print First Middle Last

Address: _____ ID #: 942- _____

(Address will be updated in Banner from this form, if it is different than the current address listed.)

City: _____ State: _____ Zip: _____ Phone: _____

MCTC Email Address: _____

Major: _____ Concentration: _____

Semester/Year of Graduation: SPRING SUMMER FALL
 May of _____ July of _____ Dec of _____

Do you plan on attending the graduation ceremony in May? Yes _____ No _____

*Student Signature

Date

Academic Advisor Signature

Date

*Your signature confirms you have met with your advisor and have completed a preliminary degree check. If you alter your schedule in any way, fail to pass the necessary courses or have any incomplete grades, you may delay your graduation date. Please note that if you do not meet the requirements to graduate during the semester you applied for, you are required to submit a new graduation application when you are ready to graduate. No additional fee has to be paid. **Advisor – Please attach DegreeWorks page.**

*Nonrefundable graduation application fee of \$50 paid for any Associate degree. Attach receipt to back of application. ____

Attach career services exit interview page. ____

Completed form must be submitted to the Registrar's office by the date listed on the academic calendar.

*no fee is required for certificate programs

To be completed by the Division:

Check appropriate completion: Certificate: _____ AAS: _____ AA: _____

Major: _____ Concentration: _____

____ 2.0 MCTC and overall GPA ____ C in ENL 111 or equivalent ____ Minimum hours completed ____ Residency Met

Department Signature _____ Date _____

Dean Signature _____ Date _____

Comments: _____



EXIT INTERVIEW

Please note all information you provide will be kept strictly confidential.

Month/Year

Name: _____

Today's Date: _____

Graduation Date _____

Student ID: _____

Major: _____

Phone: _____

MCTC Email: _____

Address: _____

Permanent Email: _____

Circle which degree program: Certificate Associate

What are your future plans?

- Enrolling at (college/university) _____
 Full-Time (12+ credit hours) Part-Time (-12 credit hours)

Major/Degree: _____

- Not planning to enroll in college

- Employed and not looking for different employment
- Not employed and not looking for employment
- Not employed and looking for employment
- Employed but looking for different employment
- Please contact me for job search or resume' assistance.

If you are currently employed (full-time or part-time), please complete the following information:

Employer's Name:

Hours worked per week:

Employer's Address:

Benefits:

City:

- Yes
- No

State:

Check all that apply –

Zip:

- Health Insurance
- Vacation Days
- Sick Days
- Paid Holidays
- Retirement
- Other

Job Title:

Start Date:

Salary/Hourly Wage:

Brief Job Description:

Office Only

____ Student/Alumni Information Updated (CCN)

____ Experiential Learning (CCN)

____ Post Graduate Education (CCN)

____ Job Placement (CCN)

____ Grad App Signed/Submitted to Registrar