

Graduation Application

| Name (First, Middle, Last): |
|---|
| Address: Student ID #: |
| City: State: Zip: Phone: |
| MCTC Email: Are you Attending the Graduation Ceremony? Yes No |
| Major: Concentration (if Applicable): |
| Semester/Year of Graduation: Spring (May of) Summer (July of) Fall (Dec. of) |
| *Student 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. |
| *Nonrefundable graduation application fee of \$50 paid for any Associate degree. |
| To be completed by the Division or Registrar's Office: |
| Check appropriate completion: Skill Set Certificate Associates |
| Major: Concentration: |
| Major Term: 2.0 Cumulative Institutional GPA: Institutional Hours Requirement: |
| Application Fee: Honors: Address: Applied: |
| Registrar's Signature: Date: |
| Comments: Date: |