

EASTFIELD COLLEGE APPLICATION FOR GRADUATION

LAST NAME (PLEASE PRINT)	FIRST	MI	STUDENT I.D. NO.	
COMPLETE MAILING ADDRESS		CITY	STATE	ZIP +4
E-MAIL ADDRESS (MANDATORY)			DAYTIME PHONE NO.	

CHECK ONLY ONE APPROPRIATE BOX:

<input type="checkbox"/> ASSOCIATE IN ARTS	<input type="checkbox"/> ASSOCIATE OF ARTS IN TEACHING	<input type="checkbox"/> ASSOCIATE IN SCIENCES IN TEACHING
<input type="checkbox"/> ASSOCIATE IN SCIENCES IN BUSINESS	<input type="checkbox"/> ASSOCIATE IN APPLIED SCIENCES	<input type="checkbox"/> ASSOCIATE IN SCIENCES
<input type="checkbox"/> FIELD OF STUDY	<input type="checkbox"/> EMPHASIS	<input type="checkbox"/> CERTIFICATE

Acknowledgment: This is the Degree Plan for which I wish to apply. Student Signature: _____

PROGRAM NAME (AS IT APPEARS IN CATALOG): _____
Please be specific. This code is listed in the catalog with your degree plan.

EXPECTED SEMESTER OF GRADUATION: FALL SPRING SUMMER I SUMMER II YEAR: _____
Please be specific. Incomplete information may result in delay in receiving Diploma/Certificate.

ALERT: In order to participate in the May Graduation Ceremony your status must be 10 credit hours or less from completing your Associate Degree.

In order to have your name appear in this years' Commencement Program, you must submit your Graduation Application on or before March 4.

*****FOR OFFICE USE ONLY*****

SEMESTER		YEAR		CODE		GPA	
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- () STATUS LETTER SENT
- () CERTIFIED FOR GRADUATION
- () BLOCK STATUS CHECKED
- () POSTED TO RECORD
- () TRANSCRIPTS ORDERED
- () TSI CHECKED

	GRADUATION CERTIFICATION DATE:

*** Graduation Certification ***

- Degree Plan Request
- Approved Substitution Form
- Prior College Transcript(s)
- Access Input