

Application as Candidate for Graduation

SPRING 2025 - Application Due by March 31st, 2024

Print your name as you want it to appear on your diploma (*Please print clearly*)

Last Name _____ First Name _____ Middle Name or Initial _____

Permanent Address _____
Address _____ City _____ State _____ Zip _____

Permanent Phone (_____) _____ Student ID or SS# _____

Shawnee Community College has only one Graduation Ceremony, which is in May. Do you plan to walk in the ceremony? Yes No

Degrees

- ____ Associate of Arts
- ____ Associate of General Studies
- ____ Associate of Science
- ____ Accounting
- ____ Agriculture Business & Management
- ____ Associate Degree Nursing
- ____ Automotive Technology
- ____ Business Management
- ____ Computer Systems & Security Specialist
- ____ Construction Management
- ____ Criminal Justice
- ____ Fish & Wildlife Management
- ____ Heating/Ventilation/AC/Refrigeration
- ____ Medical Laboratory Tech
- ____ Occupational Therapy Assist
- ____ Social Work

One Year Certificates

- ____ Agriculture
- ____ Automotive Tech Assistant
- ____ Combination Welding
- ____ Cosmetology
- ____ Criminal Justice
- ____ General Education Core
- ____ Medical Assistant
- ____ Medical Coding Specialist
- ____ Medical Office Assistant
- ____ Practical Nursing

Less Than One Year Certificates

- ____ Auto Body
- ____ Auto Maintenance/Light Repair
- ____ Basic Heating/Air Conditioning
- ____ Basic Residential Electricity
- ____ Cosmetology Instructor Training
- ____ Medical Biller
- ____ Medical Coder
- ____ Nail Technology
- ____ Phlebotomy

You must present this form to the Registrar's Office (H2085) to ensure that your high school or GED transcript/diploma is on file.

_____ (*Registrar's Office Verification*)

YOU WILL NOT RECEIVE A DEGREE UNLESS THIS FORM IS COMPLETED AND TURNED IN TO THE REGISTRAR'S OFFICE (H2085) BY THE DUE DATE.

Any application received after the due date will be included with the following semester graduates. Applications will not be accepted unless the above steps have been completed and have initials clearing that student for graduation.

Student Signature

Date Submitted

Anyone in need of disability accommodations for the commencement ceremony please contact Jackie Smith.

SS#: _____ - _____ - _____

ID#: _____

Name: _____

Degree Title/Number: _____

(Advisor -- Please list all courses)

Deficiencies:

FALL _____:

- Roll to next semester
- Remove from list
- Cleared for Graduation

SPRING _____:

- Roll to next semester
- Remove from list
- Cleared for Graduation

SUMMER _____:

- Roll to next semester
- Remove from list
- Cleared for Graduation

GPA: _____ Honors Delinquent Charge: _____

Total Hours: _____ Degree: _____

Cleared for Graduation: _____ Semester _____ Year _____

Registrar's Signature: _____ Date: _____