

Application as Candidate for Graduation

FALL 2026 - Application Due by October 30th, 2026

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
____ CBE Business Management
____ Computer System & Security Specialist
____ Construction Management
____ Criminal Justice
____ Fish & Wildlife Management
____ Heating/Ventilation/AC/Refrigeration
____ Occupational Therapy Assistant
____ Social Work

One Year Certificates

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

Less Than One Year Certificates

____ Applied Trades
____ Auto Body
____ Auto Maintenance/Light Repair
____ Basic Heating/Air Conditioning
____ Basic Residential Electricity
____ Cosmetology Instructor Training
____ Electrocardiography Technician
____ Medical Biller
____ Medical Coder
____ Nail Technology
____ Patient Care Technician
____ Phlebotomy

You must present this form to the Registrar's Office (H2129) 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 (H2129) 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

Personal Email (non-SCC Email) _____

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

SS#: _____ - _____ - _____

ID#: _____

Name: _____

Degree Title/Number: _____

Deficiencies:

(Advisor -- Please list all courses)

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: _____

Cleared for Graduation: _____
Semester Year

Degree: _____

Registrar's Signature: _____

Date: _____