



Date received: \_\_\_\_\_  
 Initials: \_\_\_\_\_

**APPLICATION FOR GRADUATION**

Students are encouraged to apply for graduation the semester prior to when they are expected to complete their credential requirements. Applications turned in after the established deadline will automatically be moved to the applications for the next semester.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applying for: \_\_\_\_\_ August \_\_\_\_\_ December \_\_\_\_\_ May Peoplesoft ID Number: \_\_\_\_\_

**NAME AS YOU WISH IT TO APPEAR ON CREDENTIAL**

\_\_\_\_\_  
 (Please Print or Type)

Address for Mailing the Credential \_\_\_\_\_

Phone number of Mailing Address \_\_\_\_\_

Are you planning to take part in Commencement Exercises? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list the degrees, diploma, or certificate that you are applying for. Please include the program name, number, and student subplan code if applicable.

<u><b>Degree Program</b></u>	<u><b>Diploma</b></u>	<u><b>Certificate</b></u>
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

Will you be continuing at BCTC? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, under what program? \_\_\_\_\_

If no, please provide a forwarding email address: \_\_\_\_\_

If no program is listed above, you will be activated as an undecided student. You may update your program by reporting to the Record's Office to complete a Change of Program form.

This application constitutes a statement of intent by the student to complete the requirements for graduation. Final determination of graduation shall be made by the Registrar who shall certify that the student has (1) fulfilled all course requirements for the Associate degree and (2) attained at least a 2.0 cumulative grade point average. In addition, a minimum of 24 hours must be taken in residence within the KCTCS colleges and at least 25 percent of the approved curriculum credits must be completed at BCTC. For a certificate or diploma, at least 25 percent of the approved curriculum credits must be completed at the community college granting the credential.

Furthermore, I understand that it is my responsibility to meet the above stated requirements before I may officially graduate from BCTC. In no case will a degree be granted for the completion of a second option in a program. The completion of a second option, however, will be recorded on the transcript.

**Student:** I also certify that I met with my advisor and we discussed those courses which I must satisfactorily complete in order to fulfill the curriculum requirements for my program. I also understand that if for some reason my application for graduation is denied it is my responsibility to reapply.

**Advisor:** By signing this form I am verifying that this student will be eligible to receive the degree/diploma/certificate(s) listed above and that the student has followed the attached curriculum sheet.

\_\_\_\_\_  
**Advisor's Signature** \_\_\_\_\_  
**Student's Signature**