KISHWAUKEE COLLEGE

APPLICATION FOR GRADUATION

1. You are responsible for verifying that you have met all requirements for your program of study. You should meet with a Counselor or Faculty Advisor to verify the requirements which must be completed for graduation.

2. A completed Application for Graduation must be returned to the Admissions, Registration, and Records Office. A separate Application for Graduation must be completed for each degree or certificate.

Social Security Number _____ - _____ - _____

PRINT NAME EXACTLY AS YOU WISH IT PRINTED ON YOUR DIPLOMA

Name _____
(Please Print) First Middle Last

(Any diplomas not picked up in person will be mailed to your Permanent Address)

Permanent Address _____
Street Apt. No. City State Zip

Intended Graduation _____Fall 20_____ _____Spring 20_____ _____Summer 20_____

PROGRAM OF STUDY (check one)

___ Associate of Arts (A.A.) ___ Associate of Science (A.S.) ___ Associate in Engineering of Science (A.E.S.)

___ Associate in Fine Arts - Fine Arts Emphasis (A.F.A.) ___ Associate in Fine Arts - Art Education Emphasis (A.F.A.)

___ Associate of Applied Science (A.A.S.) _____
Program Title

Certificate of Completion _____
Program Title

List below all other colleges you have attended. Official transcripts must be on file in the Admissions, Registration, and Records Office prior to graduation.

1. _____ 2. _____ 3. _____

I acknowledge that I am responsible for meeting all graduaton requirements.

_____ _____
Student Signature Date

OFFICE USE ONLY

Date Picked Up _____ Date Mailed _____

Term Curr. Prog. Hours Honors

Approval _____
Signature Date

(03/02)