

# Application for Graduation

## Northwest-Shoals Community College

**NO APPLICATION FOR GRADUATION WILL BE ACCEPTED UNTIL:**

1. Application, transcript(s), and planning award form;
2. The planning award form is to be signed by the advisor and the student;
3. Graduation fee of **\$35.00** is paid at the cashier's office on either the Shoals Campus or the Phil Campbell Campus.
4. If receiving an additional award the graduate must fill out another application for graduation and pay an additional fee of **\$17.50**.

**Degrees/Certificates will be mailed approximately eight weeks after the semester ends.**

It is required that all graduates complete all application requirements within one calendar year from the last day of the last term of attendance in order to graduate. (See the current catalog)

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
**(Print exactly as it should appear on the award)**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Planned semester of graduation: **(Please circle)**    **Fall**    **Spring**    **Summer**    **Year** \_\_\_\_\_

Program of study in which graduation is expected \_\_\_\_\_

**Please circle appropriate award:**    **AA**    **AS**    **AAS**    **AOT**    **Certificate**    **Short-Term Certificate**

**Educational/Employment Status:**

**Please circle the correct answer to each question below:**

- |                                       |     |    |    |
|---------------------------------------|-----|----|----|
| 1. Are you employed?                  | Yes | or | No |
| If yes, in a related field?           | Yes | or | No |
| 2. Are you continuing your education? | Yes | or | No |
| If yes, in a related field?           | Yes | or | No |
| 3. Have you entered the military?     | Yes | or | No |

**TO BE COMPLETED BY DEAN'S OFFICE:**

I verify that this student has completed all requirements and is eligible to graduate in:

\_\_\_\_\_

**Name of program as it will appear on award**

**Please circle appropriate award:**    **AA**    **AS**    **AAS**    **AOT**    **CERTIFICATE**    **SHORT-TERM CERTIFICATE**

Date of Completion of Program \_\_\_\_\_ Signature \_\_\_\_\_

**TO BE COMPLETED BY THE CASHIER'S OFFICE:**

Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

CIP Code: \_\_\_\_\_ Program Code: \_\_\_\_\_

Initials: \_\_\_\_\_

**NOTE: PLEASE BE SURE TO USE THE COURSE SUBSTITUTION FORM FOR ANY COURSE SUBSTITUTIONS OR CHANGES FROM OLD TO NEW COURSE PREFIXES.**

**Failure to achieve passing grades in all remaining courses may result in a delay of graduation.**