

IVCC GRADUATION APPLICATION

Are you currently enrolled? If no, last semester enrolled. _____

Last Name _____ First _____ M.I. _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone (____) _____

Personal Email Address (that you will use after graduating): _____

Student ID (7 digit number) or Social Security Number: _____

I plan to graduate: Spring/May (Apply by February 15)

Summer graduate but want to walk in May ceremony (Apply by February 15)

Summer/August (Apply by July 1)

Fall/December (Apply by October 1)

Please print your name as you would like it to appear on your diploma.

Check below the degree and/or certificate for which you are a candidate.

Associate in Arts

Associate in Science

Associate in Engineering Science

Associate in General Studies

Associate in Applied Science in (1) _____

(2) _____ (3) _____

Certificate in (1) _____

(2) _____ (3) _____

(4) _____ (5) _____

Have you completed a graduation check with a counselor within the last semester?* Yes No

Student Signature

(Return completed form to the reception desk of the Counseling Office CTC 202)

*Completing a graduation check is strongly recommended but not required for all students at or after 45 completed hours.