

## **APPLICATION FOR GRADUATION**

Send to: District-Wide Registrar's Office | Forest Park SC 223 | graduation@stlcc.edu

A

AME:(Printed Last Name)	(Print	d First Name) (MI)							
DEGREE APPLICATION									
ndicate your degree:	<ul> <li>Associate in Applied Science</li> <li>Associate in Arts</li> <li>Associate in Fine Arts</li> <li>Associate in Science</li> <li>Associate of Arts in Teachin</li> <li>Certificate of Proficiency</li> <li>Certificate of Specialization</li> </ul>	Catalog Term:							
MAIL DI	PLOMA TO:	DIPLOMA NAME							
Diplomas are mailed 4-6	weeks after commencement. Pr	int your name EXACTLY as you want it to appear on the diplom							
Name:		First:							
Address:		Middle:							
		Last:Suffix (Jr.):							
	<b>STUDENT ACKNOW</b> (Please initial and s								
with an academic a understand if I fail t I understand that t graduation list, I mu graduation, it is my I have reviewed the	dvisor. I understand what I need to do to r o resolve all deficiencies that I will be rem his application is only for the semester ast email graduation@stlcc.edu to inform t responsibility to complete a new application graduation website which includes imp	<b>indicated above</b> . If I wish to remove myself from the hem of my intentions. If I need to change my semester of							
information, and the	e graduation checklist	DATE:							

OFFICE USE	HS Transcript: College Transcript:		INITIAL REVIEW	Status:	Date:
ONLY	Pending IP Courses: GPA Qualifies:	 □ NO □ NO	FINAL		
	di fi Qualifics.		REVIEW	Status:	Date: