

Florissant Valley Forest Park Meramec Wildwood

ID # **A**

Name _____
(Last Name) (First Name) (MI)

Please complete this form in its entirety and submit it to the Admissions/Registration office by the deadlines listed below. The Registration office will notify you of your graduation status by letter after the deadline date.

Semester in which you plan to graduate: Summer Fall Spring
Deadline for filing: June 20 October 1 March 1

PRINT or TYPE your name as you would like it to appear on your diploma:

First _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ STLCC E-mail Address _____

TYPE OF DEGREE YOU SEEK:

NOTE: Curriculum denotes major field of study. Option denotes special focus within the major field of study.

- | | | |
|---|--|--|
| <input type="checkbox"/> Associate in Arts | <input type="checkbox"/> Associate of Arts in Teaching | <input type="checkbox"/> Certificate of Proficiency |
| <input type="checkbox"/> Associate in Science | <input type="checkbox"/> Associate in Applied Science | <input type="checkbox"/> Certificate of Specialization |
| <input type="checkbox"/> Associate in Fine Arts | | |

Curriculum _____ Option _____

An academic advisor or counselor must verify that all degree requirements have been met:

Advisor/Counselor Signature _____ Date _____ Catalog Year/Curriculum Code _____

Comments: _____

Transcripts are required from all colleges you have attended in order to receive a degree or certificate from STLCC. Contact Enrollment Services to be sure we have all the transcripts.

Student Signature _____ Date _____

Your signature verifies you have read this application and understand the requirements for graduation.

— Admissions/Registration Office Use Only —

Date Application Received in Office:

First Check _____ Final Check _____

Exit Exam _____ Entered _____ LTR _____

Notes:

Date Rec'd. _____ By _____