



COLUMBUS TECHNICAL COLLEGE

APPLICATION FOR GRADUATION

PRINT NAME _____

(This is the way your name will appear on the Degree, Diploma, or Certificate)

STUDENT ID# _____ - _____ - _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____ - _____ - _____

ALTERNATE: _____ - _____ - _____

PROGRAM OF STUDY _____

Please circle one of the following:

Degree

Diploma

Certificate

Degree Specialization _____

WILL COMPLETE PROGRAM AT THE END OF:

Summer _____

Fall _____

Winter _____

Spring _____

YEAR: _____

Will you be participating in the graduation ceremony? YES _____

NO _____

If YES, please provide the following information:

HEIGHT _____

WEIGHT _____

If you have a physical disability and require an accommodation for graduation, "X" all that apply:

Wheelchair Access _____

ASL Interpreter _____

Other: _____

EMPLOYMENT INFORMATION

CURRENT EMPLOYER _____

EMPLOYER ADDRESS _____

CITY _____

STATE _____

ZIP _____

EMPLOYMENT STATUS (Place an "X" in the box that most closely describes your current status):

Military

Unemployed

Continuing Education

Not available for work

Employed in:

Field of study

Field related to program of study

Field unrelated to program of study

As a prospective graduate, I understand that:

1. If requirements for graduation are not met by the quarter indicated above, I must re-apply by completing a new application for program completion.
2. All financial obligations must be settled with Columbus Technical College before I receive my degree, diploma, or certificate.
3. My degree, diploma, or certificate will be mailed 30 days after the end of the quarter.
4. If this graduation application is submitted after the graduation screening deadline, a \$10.00 late fee will be assessed.

STUDENT SIGNATURE

DATE