

EASTFIELD COLLEGE APPLICATION FOR GRADUATION

LAST NAME (PLEASE PRINT)	FIRST	MI	STUDENT I.D. NO.	
COMPLETE MAILING ADDRESS		CITY	STATE	ZIP +4
E-MAIL ADDRESS (MANDATORY)			DAYTIME PHONE NO.	

CHECK ONLY ONE APPROPRIATE BOX:

- | | | |
|-------------------------------------|---------------------------------|-------------------------------------|
| 9 ASSOCIATE IN ARTS | 9 ASSOCIATE OF ARTS IN TEACHING | 9 ASSOCIATE IN SCIENCES IN TEACHING |
| 9 ASSOCIATE IN SCIENCES IN BUSINESS | 9 ASSOCIATE IN APPLIED SCIENCES | 9 ASSOCIATE IN SCIENCES |
| 9 FIELD OF STUDY | 9 EMPHASIS | 9 CERTIFICATE |

Acknowledgment: This is the Degree Plan for which I wish to apply. Student Signature: _____

PROGRAM NAME (AS IT APPEARS IN CATALOG): _____
Please be specific. This code is listed in the catalog with your degree plan.

EXPECTED SEMESTER OF GRADUATION: 9 FALL 9 SPRING 9 SUMMER I 9 SUMMER II YEAR: _____
Please be specific. Incomplete information may result in delay in receiving Diploma/Certificate.

In order to have your name appear in this years' Commencement Program, you must submit your Graduation Application on or before March 22.

*****FOR OFFICE USE ONLY*****

SEMESTER		YEAR		CODE		GPA	
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- () STATUS LETTER SENT
- () CERTIFIED FOR GRADUATION
- () BLOCK STATUS CHECKED
- () POSTED TO RECORD
- () TRANSCRIPTS ORDERED
- () TSI CHECKED

GRADUATION CERTIFICATION DATE:	
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- *** Graduation Certification ***
- 9 Degree Plan Request
 - 9 Approved Substitution Form
 - 9 Prior College Transcript(s)
 - 9 Access Input

