

Application for Graduation



Office of Admissions & Records

Student Information

Student's Name: _____ Phone: _____ Student ID Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Degree Information

Note: Please complete an application for each degree or certificate you are seeking.

Check one:

- Certificate of Employability
- Certificate of Occupational Training
- Certificate of Completion
- Associate of Arts
- Associate of Science
- Associate of Applied Science

Fill out completely:

Major (field of study): _____

Catalog Year Used: _____

Graduation Semester:

Fall _____ Spring _____ Summer _____

Graduation Ceremony Information

Do you plan to participate in the graduation ceremony? Yes No

Please contact the campus bookstore for information about ordering your cap and gown at 575-624-7192.

Newspaper Information

Do you wish to have your graduation information to be published in the newspaper? Yes No

If yes, please list the name of the newspaper and the city/state location: _____

Signature

By signing below, I agree that I have completed a degree evaluation or have met with my academic advisor or program director and reasonably believe I have met all the requirements for my program of study. I have completed this Application for Graduation fully and correctly. I understand that it is my responsibility to ensure I complete all courses in which I am currently enrolled and that any course substitutions needed to fulfill requirements will be submitted to the Office of Admissions & Records before the graduation date. Additionally, I understand that if I do not meet the requirements for my program of study, I am required to complete a new Application for Graduation for a future semester.

Student's Signature: _____ Date: _____