

Return the Application for Graduation along with your Degree Audit worksheet(s), signed by your advisor to the Registrar's office by the graduation application deadline listed for that semester on the academic calendar.

Name on Diploma: _____
First Middle Last

SS#/Student ID #: _____ Phone: _____

Semester Graduating: Fall Semester 20____ I am a Veteran
 Spring Semester 20____ I participated in Running Start
 Summer Semester 20____

Address: _____
Street City State Zip

If you would like your diploma mailed to a different address, please indicate:

Street City State Zip

Degree(s) applying for:

- Associate of Arts (AA) Associate of Arts (AA) Substance Abuse Counseling
- Associate of Science (AS)
- Associate of Science Nursing (ASN)
- Associate of Applied Science (AAS) _____
(Program)
- Certificate of Applied Science (CAS) _____
(Program)
- Certificate of Technical Studies (CTS) _____
(Program)

Please indicate other colleges used to fulfill degree requirements:

Do you plan to attend the commencement ceremony in the spring?

- Yes - Please complete your cap & gown order form (no charge) at www.fvcc.edu/cap-and-gown
- No

Student's Signature Date

FOR OFFICE USE ONLY

- At least 20 semester credits earned at FVCC Final 10 credits earned at FVCC
- General Ed / Related Instruction requirements completed Certificate requirements completed
- Transfer / AP / IB credits toward degree / cert. ____

Total credits earned at FVCC: _____ GPA: _____ Honors: yes no Student Status Updated: _____

Degree recorded date: _____ Diploma mailed date: _____

Registrar's office approval: _____ Date: _____