



APPLICATION FOR GRADUATION

OKLAHOMA CITY COMMUNITY COLLEGE

SOCIAL SECURITY NUMBER / STUDENT ID NUMBER

GRADUATING SEMESTER

SUMMER 20____ FALL 20____ SPRING 20____

LAST NAME (Exactly as it appears on your permanent record) FIRST MIDDLE

E-MAIL ADDRESS (Providing this information gives permission to send personal data electronically)

ADDRESS (Please notify the Graduation Office of any name or address change, or call 682-1611, X7470)

CITY STATE ZIP

NAME OF YOUR ADVISOR YOUR HOME PHONE YOUR BUSINESS PHONE

Do you plan to participate in the Commencement Ceremony? [] Yes [] No
*Please note that caps and gowns are required for Commencement. They will be available in the Student Store beginning the last week of February through April. Commencement approval is required to purchase your cap and gown.

Please indicate below how you are fulfilling the college computer proficiency requirement:
College Course (please list course)
Validation of computer related academic or work experience (Must provide proper documentation)
Computer Proficiency assessment (See Computer Lab to set up testing. Results must be in Graduation Office before degree can be cleared).

Are you an Honors Graduate? [] Yes [] No
(completion of 15 hours of honors courses required)

Are you a member of PHI THETA KAPPA or PSI BETA? [] PTK [] PSI BETA
(If you join after this application is submitted, please advise the Graduation Office.)

If you are participating in a Vo-Tech Cooperative Program, please circle the appropriate one:
FTVT MNVT METRO

Are you active duty military? [] Yes [] No

If yes, please list branch: _____

Do you plan on continuing your education? [] Yes [] No
If yes, where? _____

When you FIRST enrolled at OKCCC did you . . . (select the ONE BEST answer)
[] enroll for reasons related to your job and the desire to advance
[] enroll in order to prepare for a future job or career
[] desire to acquire new skills because of a major life change
[] desire to take some basic courses and transfer to a four-year college or university
[] desire to develop mind and intellectual abilities, study new and different subjects, and meet new people

Are you currently employed? [] Yes [] No
If yes, is your PRESENT occupation related to the program you completed at OKCCC?
[] Yes, directly related [] Yes, related [] No, not related

Current employer _____
Your job title _____
Address and/or Phone Number _____

TO ALL GRADUATES AND CANDIDATES FOR GRADUATION:

Names and addresses of graduates are routinely released to college and local area publications, newspapers, other institutions of higher education, and for research studies. Names are also listed on the Commencement program.

- [] I approve this release of information and the listing of my name in the commencement program.
[] I do not want my name released to local publications, other colleges, for research studies or listed in the commencement program.

(Candidates with required course work not completed by the last day of graduating semester will be placed on the next graduation list. Graduates with incompletes or who are concurrently enrolled in another institution of higher education will also be placed on the next graduation list if a grade has not been posted and/or official transfer transcripts are not on file within 4 weeks after the last day of graduating semester.)

I am applying for: (Please circle one)

ASSOCIATE DEGREE or CERTIFICATE

- [] AAS
[] AS
[] AA

(A separate application is required for each degree or certificate.)

What is your Oklahoma City Community College program? Please list emphasis if appropriate.

What catalog year have you chosen?

Is this your first degree at Oklahoma City Community College? _____

Have you attended or are you currently enrolled at any other institutions of higher education? If yes, please list below:

(Note: It is the student's responsibility to insure that ALL official transfer transcripts, course substitutions and advisor approvals required are on file in the Office of Admissions and Records prior to the last day of their graduating semester. Failure to do so will affect your graduation status.

Student Signature (required)

Date

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Reply to application _____
Appointment Date Mailed Letter Date

Courses to be completed:

| CURRENTLY ENROLLED: | COURSES NEEDED: |
|---------------------|-----------------|
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Can Academic Forgiveness be done? Yes No

Office Comments: