REQUEST TO GRADUATE

Southeastern Community College

<u>Degree/Diploma/Certificate Request Section</u> (to be com	pleted by student)
It is my belief that I will have completed the requirements for graduation from the program for which I am enrolled at the end of: (please check one and fill in the year). Incomplete forms will be returned to you.	
☐ Fall Semester (Aug-Dec) ☐ Spring Sem	ester (Jan-May)
✓ Which commencement ceremony do you plan to attended	d? Check one: ☐ W Burlington ☐ Keokuk ☐ Not Attending
 ✓ This is to certify my intention to graduate. I will be receiving: (please check one) **If you are completing more than one degree/diploma/certificate, please submit a separate form for each one. 	
☐ Associate of Arts	Associate of Applied Science
☐ Associate of Science	Program Name
☐ Transfer Major ☐	Diploma
	Program Name
	2 Continuate
Are you a military veteran? ☐ Yes ☐ No	Program Name
Are you a TRIO student? □ Yes □ No	
✓ I would like my name to appear on my degree/diploma/certificate <u>exactly</u> as follows:	
PLEASE PRINT:	iddle Name or Initial Last
Full Mailing Address where you want your degree/diploma	date Name of miliar
House Number and Street Ci	ty State Zip Code
Preferred E-mail Address:	nost often. You will receive all notifications regarding your request at this e-mail address)
Cell Phone:	Home Phone:
Signature:	Date: Student ID:
	or DOR or last 4 digits of SSN
	Date: Student ID: or DOB or last 4 digits of SSN
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