

# REQUEST TO GRADUATE

# Southeastern Community College

## Degree/Diploma/Certificate Request Section *(to be completed 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 Semester *(Jan-May)*     Summer Term    Year \_\_\_\_\_

✓ Which commencement ceremony do you plan to attend?     West Burlington     Keokuk

✓ 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 \_\_\_\_\_

Diploma

Program Name \_\_\_\_\_

Certificate

Program Name \_\_\_\_\_

Are you a military veteran?     Yes     No

Are you a TRIO student?     Yes     No

✓ I would like my name to appear on my degree/diploma/certificate **exactly** as follows:

**PLEASE PRINT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Mailing Address where you want your degree/diploma/certificate mailed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

*(Provide the e-mail address you check the most often. You will receive all notifications regarding your request at this e-mail address)*

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

*or last 4 digits of SSN*

## **EVALUATION SECTION TO BE COMPLETED BY THE REGISTRAR:**

If you satisfactorily complete **ALL** of the classes in which you are enrolled as of *this date*, you will meet the degree/diploma/certificate requirements specified above.

If you satisfactorily complete **ALL** of the classes in which you are enrolled as of this date, you will only have the remaining requirements *(indicated below)* to complete by the end of the next session.

You are not eligible to graduate at the end of the \_\_\_\_\_ term. The reason(s) are indicated below:

### **Specific category not satisfied:**

Communications \_\_\_\_\_

Humanities \_\_\_\_\_

Social Science \_\_\_\_\_

Math/Science \_\_\_\_\_

Cultural Awareness \_\_\_\_\_

Still need to complete \_\_\_\_\_

Insufficient number of semester hours

Number Short \_\_\_\_\_

Insufficient Grade Point Average

Current GPA \_\_\_\_\_

15 of the last 20 semester hours not earned through SCC

Changed Major/Program

\* If you are currently enrolled, or plan to enroll in the near future, to correct any deficiencies noted above, please notify the Registrar's Office to insure that your transcript can be re-evaluated at the end of that period.

\*\* Please note that you are still eligible to participate in commencement exercises held in *May* if you are planning to complete your degree/diploma/certificate by the end of the Summer session.

\*\*\* Participating in the commencement ceremony does not mean you have earned your degree/diploma/certificate, you **MUST** complete all requirements.

Registrar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REGISTRAR USE ONLY:** Date Awarded \_\_\_\_\_ Date Ordered \_\_\_\_\_ Date Mailed \_\_\_\_\_

Did **NOT** meet degree/diploma requirements

PTK

Date Form Received \_\_\_\_\_

Date Entered in SGRD \_\_\_\_\_