

GRADUATION APPLICATION

PLEASE PRINT ON THE LINE BELOW THE EXACT NAME TO BE ENGRAVED ON YOUR DIPLOMA

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PHONE # _____ E-Mail: _____

Candidate for degree or certificate as indicated below:

ASSOCIATE IN ARTS DEGREE: _____

Phi Theta Kappa _____

ASSOCIATE IN SCIENCE DEGREE:

Business Adm. And Management _____ Digital Media/Multimedia Technology _____
Networking Tech CCNA (Cisco) Track _____ Nursing _____
Emergency Medical Services _____

ASSOCIATE IN APPLIED SCIENCE:

Criminal Justice L.E Track _____ Computer Science/Networking Technology _____
Criminal Justice Corr Track _____ Early Childhood Education _____

CREDIT CERTIFICATE:

Business Operations _____ Digital Media/Multimedia _____
Office Management _____ Paramedic _____

PSAV

Administrative Assistant _____ Architectural Drafting _____
Legal Adm. Assistant _____ Mechanical Drafting _____
Patient Care Technician _____ CMS Law Enforcement Recruit Academy _____
Practical Nursing Program _____ Corrections Basic Recruit Academy _____
Early Childhood Education ECPC _____ Crossover from Corrections to LE _____
Child Care Center Director _____ Crossover from LE to Corrections _____
Emergency Medical Technician _____

I am applying for graduation at the end of the:

Fall Term I (December) _____ Spring Term II (May) _____ Summer IIIA (June) _____ Summer IIIB (August) _____

Do you plan on walking at graduation?* *If this section is left blank it indicates you do not plan on walking.* Those who wish to walk at graduation must purchase Cap & Gowns unless your program requires uniforms.

Fall & Summer IIIB in December Yes _____ No _____ Spring & Summer IIIA in May. Yes _____ No _____

I also understand that if I do not complete graduation requirements for the term indicated above, I must re-apply for graduation in the term in which I expect to graduate. Contact the Registrar's office for more information.

Student's Signature

Date

PLANS AFTER GRADUATING FROM NORTH FLORIDA COMMUNITY COLLEGE:

Continue Education – Transfer to _____

Enter Military – Branch of Service _____

Go to Work – Name of Employer _____

OTHER – Specify _____