

APPLICATION FOR GRADUATION

Coursework to fulfill program:

Consortium or transfer _____ college(s)

_____ Semester

_____ Semester

_____ Semester

Student Completes: The name that will appear on your diploma will be the name that the Enrollment Center has on file. Any name changes must be processed through the Enrollment Center.

_____	_____	_____	_____
First Name	Middle	Last	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Student ID	Phone Number	Email	

Counselor Completes: Degree Information

Program: _____ A.A. A.S. A.F.A. A.A.S. Cert. MNTC

Catalog in which requirements will be completed: Year _____ - _____

Semester & year in which requirements will be completed: Fall Spring Summer Year _____

Updated _____ term _____ year

_____	_____
Student Signature	Date
_____	_____
Counselor Signature	Date

OFFICE USE ONLY	Short: _____ _____	_____ Date graduation requirements completed	_____ Diploma ordered
	_____ _____	_____ Inver Hills total credits completed	_____ Diploma sent
		_____ G.P.A.	