

GRADUATION APPLICATION for DEGREE or CERTIFICATE or HIGH SCHOOL DIPLOMA

Complete this form in pen.

Student Success Services * 18345 Campus Way NE * Bothell, WA 98011 * (425) 352-8860

		_		_	ON YOUR DIPLOMA		
*** NOTE*** Your Diploma or Certificate will be mailed to the address on this Application						ation	
NAME					SID #		
ADDRESS							
CITY				STATE	ZIP CODE		
PHONE				BIRTHDATE			
EMAIL							
CHECK QUARTER AND YEAR for EXPECTED COMPLETION: SUMMER SUMMER SPRING YR: 20							
List: <u>Courses for your Last Quarter</u> List: <u>Names of Colleges</u> where you earned <u>other</u> credits.							
ITEM #	# COURS	E NAME	CREDITS	NAMES OF COLLEGES OR UNIVERSITIES			
	1. Submit a separate Application for each degree or certificate you are pursuing. Fill out the Photo Release form						
	ncluded with this application.						
		If you are 21 years or older & do not have a high school diploma, <u>please check here</u> to receive a High School Diploma					
		er completing all requirements for an Associate Degree. Both will be awarded at the same time. Schedule an appointment to meet with an Academic Advisor by calling (425) 352-8860 or in person at the Kodiak					
	Corner counter. Take your Grad Application to your advising appointment for a graduation review.						
Are you planning to join us for the Graduation Commencement Ceremony in June? Yes No No No No No No No No No N							
In case your name may appear in the media or publications for the President's							
List or Faculty Honors List, will you allow Cascadia to print your name: **ACADEMIC ADVISOR completes the following:** **ACADEMIC ADVISOR completes the following:**							
1. Verify that the correct graduation year/quarter has been entered above.							
	2. Attach a current	2. Attach a current Degree Audit. PROGRAM CODE CATALOG YEAR					
	3. Advisor and Stud	3. Advisor and Student sign below to verify this application is correct.					
<u>x</u>							
Academic Advisor Signature Student Signature Date							
Submit your completed Graduation Application and Degree Audit in person at the Kodiak Corner counter with your photo ID.							
			OFFICE U	SE ONLY			
CCC GPA		QUARTER		TR	TOTAL CRE	DIT	
NIDLOTAL CO-	5050	DIPLOMA		CREDIT	EARNED ACADEMIC		
DIPLOMA ORD	EKED	SENT			HONOR		
EVAL COMPLETED BY & DATE							