



GRADUATION APPLICATION

☐ PSAV☐ CERTIFICATE

THIS FORM MUST BE COMPLETELY PROCESSED AND TURNED IN BY THE DEADLINE DATE POSTED IN THE CATALOG FOR THE TERM IN WHICH YOU INTEND TO COMPLETE YOUR PROGRAM.

You MUST meet all of the certification requirements, including having your high school transcript on file in the Office of Admissions and Records. You are responsible for ensuring that you meet all the requirements in the term in which you plan to be certified and have indicated on this form. Students receiving a PSAV or Certificate are not required to walk in the annual graduation ceremony**.

You must first obtain a program evaluation from your adviser prior to submitting an application for graduation. Your certificate **cannot be completed** without a program evaluation on file in the office of admissions and records.

**** COMPLETE A DEGREE EVALUATION TO VERIFY IF DEGREE REQUIREMENTS HAVE BEEN MET.****

APPLICATION INSTRUCTIONS:

1. FILL OUT THIS FORM COMPLETELY.
2. TURN IN YOUR COMPLETED APPLICATION TO THE **ENROLLMENT SERVICES OFFICE** IN **PERSON** OR VIA **FAX** (850-913-3308) OR **EMAIL** (MDUBOIS@GULFCOAST.EDU), BY THE PUBLISHED DEADLINE DATE.

STUDENTS GRADUATING IN THE **SUMMER** WHO WANT TO PARTICIPATE IN THE **SPRING** CEREMONY MUST APPLY FOR **SUMMER** GRADUATION BY THE **PRECEDING** SPRING DEADLINE DATE. **SEE GENERAL CATALOG FOR SPECIFIC DEADLINE DATES**. STUDENTS MAY PURCHASE INVITATIONS FOR GRADUATION IN THE BOOKSTORE.

DO YOU WISH TO PARTICIPATE IN THE SPRING CEREMONIES? ☐ YES OR ☐ NO

CERTIFICATION TERM/ YEAR: (CHECK ONE) ☐ FALL _____ ☐ SPRING _____ ☐ SUMMER _____

OFF - CYCLE INFORMATION: Course Completion Date _____

TODAY'S DATE: _____ STUDENT I.D. NUMBER: _____

STUDENT'S NAME: _____
(PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON DIPLOMA)

DIPLOMA MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP CODE: _____

SEX: ☐ MALE ☐ FEMALE TELEPHONE NUMBER: () HOME: _____ WORK: _____ CELL: _____

(check one)

☐ PSAV CERTIFICATE: _____ Program Code: _____ Evaluation Attached? ☐ Y ☐ N

☐ CERTIFICATE: _____ Program Code: _____ Evaluation Attached? ☐ Y ☐ N

STUDENT SIGNATURE: _____

EMAIL: _____

FOR OFFICE USE ONLY

Exceptional Request Approval: ☐ OK Session Term End _____ Name _____

TERM: _____ DEGREE: _____ G.P.A.: _____ APPROVED BY: _____