

Gogebic Community College

Application For Graduation

Students applying for graduation must complete and submit an Application for Graduation form to be eligible for graduation.

Please Print

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Social Security Number _____

Student I.D. Number _____

Date you expect to receive degree _____

If one year Certificate, please indicate Program:

(i.e. Practical Nursing, Cosmetology, Welding, etc.)

If two year Program, please check the Degree applying for:

- | | |
|---|--|
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Associate of Applied Business |
| <input type="checkbox"/> Associate of Science | <input type="checkbox"/> Associate of Applied Technology |
| <input type="checkbox"/> Associate of Applied Science | |

List Program you are enrolled in

(i.e. General Ed, Psychology, Accounting, Data Processing, etc.)

Print your name EXACTLY as you wish it to appear on your Diploma:

(First) (Middle) (Last)

MACRAO agreement satisfied _____

MTA agreement satisfied _____