

GRADUATION APPLICATION

ASSOCIATE IN ARTS

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 are responsible for ensuring that you meet all the degree requirements that apply to the term in which you plan to graduate and have indicated on this form. If you do not meet all of the requirements in the term indicated then you must re-apply for graduation using another graduation application.

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

APPLICATION INSTRUCTIONS:

1. Please complete this form.
2. Turn in your application to the **ENROLLMENT SERVICES OFFICE** in **Person** or via **Fax** (850-913-3308) or **Email** (GCSCGRADUATION@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** by calling (850)769-1551, ext. 3585

Once your application has been processed you will be able to see the status on your unofficial transcripts through Lighthouse. If you see:

"PENDING" this means your application has been approved and waiting for the end of the term.

"SOUGHT" this means your application has been received and an email sent with questions that need to be answered.

"AWARDED" with a date this means your application has been approved and degree awarded.

"DEFICIENCY" this means you did not meet the qualifications for graduation at the end of the requested term.

GRADUATION TERM/YEAR: (Check one) **FALL** _____ **SPRING** _____ **SUMMER** _____

DO YOU WISH TO PARTICIPATE IN THE SPRING CEREMONIES? **YES** OR **NO** CEREMONY YEAR _____

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: _____ Is this a change to your permanent address **YES** OR **NO**

TELEPHONE NUMBER: HOME: _____ WORK: _____ CELL: _____

Student Signature: _____

Personal Email: _____ Is this a change to your personal email **YES** OR **NO**

I authorize Gulf Coast State College to release my personal information including DOB/SSN# to Career Source Gulf Coast. I understand this information will be used to contact me concerning job placement. **YES** OR **NO**

FOR OFFICE USE ONLY

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