

GRADUATION APPLICATION

ASSOCIATE IN SCIENCE

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.

YOU MUST first obtain a program evaluation from your adviser. AS degrees **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. 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.**

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: _____

Degree: _____ Program Code: _____ Evaluation Attached? Y N

Specialization: _____

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.: _____ HOLDS: _____ INS. HOURS MET _____ APPROVED BY: _____

TERM: _____ DEGREE: _____ G.P.A.: _____ HOLDS: _____ INS. HOURS MET _____ APPROVED BY: _____

AWARDED: _____ DATE: _____ AWARDED BY: _____

Associate in Science Program Code and Degree

ACT1-AS	Accounting Technology
ADCT-AS	Architectural Design & Construction Technology
BUS2-AS	Business Administration and Management
CJST-AS	Criminal Justice Technology
	LEBS - Law Enforcement Basic Standards
	COBS - Correctional Officer Basic Standards
CLNY-AS	Culinary Management
CYSE - AS	Cybersecurity
DHAP-AS	Dental Hygiene
DIG2-AS	Digital Media/Multimedia Technology
	DIGB - Web Development Specialization
	DIGC - Digital Production Specialization
EEC-AS	Early Childhood Education
EMSA-AS	Emergency Medical Services
ENGT-AS	Engineering Technology
	ENG1 - Alternative Energy Option
	ENG2 - Automation & Advanced Manufacturing Option
	ENG3 - Digital Manufacturing Option
	ENG 4 - Electronics Option
FIRE-AS	Fire Science Technology
TOUR-AS	Hospitality and Tourism Management
CYBR-AS	Network Systems Technology
RNA-AS	Nursing
PTAA-AS	Physical Therapist Assistant
RADA-AS	Radiography
RESA-AS	Respiratory Care (Therapy)
SDD-AS	Software & Database Developer
DMA-AS	Sonography, Diagnostic Medical
SFAP-AS	Surgical First Assisting
HS1A-AS	Surgical Services
ENTR-AS	Theatre and Entertainment Technology
UVS-AS	Unmanned Vehicle Systems Operations

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