

Application for Graduation

CFK students must complete a separate Graduation Application for each individual degree/ certificate requested. This form must be filled out and signed by your advisor prior to submittal for graduation.

| Date: | Stud | lent ID: | Phone #: |
|--|--|---|--|
| Legal name as y | you would like it | to appear on you | r diploma/certificate (First, Middle, Last name): |
| Address where | you want your di | iploma/certificate | e sent: |
| | | | |
| | nange of address o 88 or enrollment@ | | ceipt of diploma please notify the Enrollment Services Office |
| Degree/Certific | cate Requested: (| Please indicate ex | act program title if indicated.) |
| Bac Ass Ass Col | chelor of Science: lociate in Arts (A. lociate in Applied lociate in Science lege Certificate/ (Control of Control of Con | A.) Science (A.A.S.): (A.S.): Certificate of comp | on and Management (B.A.SS.M.) |
| Planned grad | | | |
| Term: | | ring Summe | Year: |
| | plan to participa | | |
| | Fall (December) | | Order your cap and gown through CFK's Bookstore, |
| | Spring (May) | Year: | Follett, at (305)809-3242. |
| I am requesti graduation p I am requesti | ing my name and aublications. Ing to receive a har | information <u>not</u> be rd copy of the abo | requesting confidentiality) e published in the college commencement and eve diploma/certificate. covered by a grant. Please pay at the Business office or Upper Keys |
| | | ssed until these fees are pa | 143 |
| I am receivii | ng Rapid credent | tialing grant for t | his certificate. |
| | • | | ks indicating I have completed or have enrolled in enrollments may not be more than six credit hours.) |
| I have compl | leted the graduate | exit survey on-line | e. |
| I have no out | tstanding holds or | financial obligation | on owed to CFK. |
| Student's sig | gnature: | | Date: |

Enrollment Services will review your application for graduation to determine whether there are any College holds that will prevent you from being eligible for graduation. Only the Registrar can grant final approval for graduation.

| Student Name: | ID: | |
|---|---------|----------------------------------|
| For Advisor Use ONLY: | | |
| Degree/certificate requested exact program title? Cumulative GPA of 2.0 or higher? 25% of coursework completed in residence at CFK? 100% enrolled in required coursework from Degree Works audit? Foreign language requirement completed? Verified completed the Graduate Exit survey? Check SOAHOLD for any holds preventing graduation (owes\$, tra and removed any advising holds that are no longer applicable? | | No No No No No No |
| Note any exceptions: | | |
| Advisor's signature: | _ Date: | |
| For Enrollment Services Use ONLY: | | |
| SHADEGR changed from IW to AV SHACATT | N | |
| Enrollment Services signature: | Date: | |