



Application for Graduation

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

Date: _____ **Student ID:** _____ **Phone #:** _____

Legal name as you would like it to appear on your diploma/certificate (First, Middle, Last name):

Address where you want your diploma/certificate sent (Address, City, State, Zip code, Country):

If you have a change of address or name prior to receipt of diploma please notify the Enrollment Management Office at (305) 809-3188 or admissions@cfk.edu.

Degree/Certificate Requested: (Please indicate exact program title if indicated.)

Bachelor of Applied Science Supervision and Management (B.A.S.-S.M.)

Bachelor of Science: _____

Associate in Arts (A.A.): _____

Associate in Applied Science (A.A.S.): _____

Associate in Science (A.S.): _____

College Certificate/ Certificate of completion: _____

Applied Technical Diploma: _____

Planned graduation date:

Term: Fall Spring Summer Year:

Do you plan to participate (walk) in a commencement ceremony? Yes No

If yes, commencement ceremony attending/ walking:

Fall (December) Year:

Order your cap and gown through CFK's

Spring (May) Year:

Bookstore, Follett, at (305)809-3242.

Confidential Status: (please check if you are requesting confidentiality)

I am requesting my name and information **not** be published in the college commencement and graduation publications.

I am requesting to receive a hard copy of the above diploma/certificate.

(Note: A \$25 fee is required for each diploma or certificate. Payments can be made at the Business Office on the Key West campus or by calling (305) 809-3186. Applications will not be processed until all fees are paid.)

I have attached a degree audit from Degree Works indicating I have completed or have enrolled in 100% of my Degree requirements. (Note: Future enrollments may not be more than six credit hours.)

I have completed the graduate exit survey on-line.

I have no outstanding holds or financial obligation owed to CFK.

Student's signature: _____ **Date:** _____

Enrollment Management will review your application for graduation to determine eligibility. Only the Executive Director of Enrollment Management can grant final approval for graduation.

Student Name: _____

ID: _____

For Advisor Use ONLY:

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|--|-----|----|
| 1) Degree/certificate requested exact program title? | Yes | No |
| 2) Cumulative GPA of 2.0 or higher? | Yes | No |
| 3) 25% of coursework completed in residence at CFK? | Yes | No |
| 4) 100% enrolled in required coursework from Degree Works audit? | Yes | No |
| 5) Foreign language requirement completed? | Yes | No |
| 6) Verified completed the Graduate Exit survey? | Yes | No |
| 7) Check SOAHOLD for any holds preventing graduation (owes money, missing transcripts, etc.) and removed any advising holds that are no longer applicable? | Yes | No |
| 8) Is this student a Dual Enrollment student? If yes, with which school? | Yes | No |

Name of school: _____

Note any exceptions: _____

Advisor's signature: _____ **Date:** _____

For Enrollment Management Use ONLY:

SHADEGR Changed from IW to AW
SHACATT

Enrollment Management signature: _____ **Date:** _____