

GRADUATION APPLICATION

Full Name: _____ Social Security No. _____

Daytime Phone: _____ Student I.D. No. _____

*E-mail (some information may be sent by e-mail) _____

Mailing address: (for letters before graduation) _____

Diploma Information:

Name on Diploma: _____

(Print name exactly as you want it to appear on your diploma.)

Address to mail diploma:

Degree or certificate you are seeking (please circle one):

Associate in Science

Associate in Arts

Associate in Applied Science

Certificate

To avoid having your diploma returned, please provide a mailing address where you will be located following graduation.

What is your major? _____

**AAS degrees or certificates require a copy of your degree plan.
See your advisor if you do not have a copy.**

In what semester will you complete the requirements? Spring Fall Summer I Summer II Year _____

Do you plan to attend the commencement ceremony in May? Yes No

Do you have any changes or substitutions on your degree plan? Yes No If yes, you must have the changes approved by your department in writing and submitted with this application.

Are you currently taking any courses at another institution that apply to this degree? Yes No If yes, you must submit a copy of the official transcript to the Student Records Office. Please list the institution and courses:

What is your hometown? _____ This information will be listed in the graduation program.
City and State

By completing this application, I understand that I must re-apply if I do not meet the requirements for graduation. In addition, I understand that it is my responsibility to notify the Student Records Office if any of the above information changes.

Signature: _____ Date _____

To be completed by the Student Records Office:

TSI status: TSI exempt TSI waived certificate TSI sections satisfied: Reading Math Writing

Transfer hrs from _____ Rec'd _____ Posted to PJC transcript _____

To complete requirements, student must complete: _____

Requirements met: Yes No Degree posted _____ Date mailed _____

Final GPA _____ Comments _____

Replacement only Fee paid Verified Date earned: _____

Paris Junior College, Student Records Office, 2400 Clarksville St., Paris, TX 75460 (903) 782-0302

For questions, please e-mail: sbrnum@parisjc.edu or rtapp@parisjc.edu