

SGRD	<input type="checkbox"/>
EVAL	<input type="checkbox"/>
STAT GPA	_____
PCEX	<input type="checkbox"/>
FINAL GPA	_____

Application For Degree or Certificate

Meet with an advisor to review, sign, and submit your completed application. **Print your name exactly as it will appear on diploma/certificate and Commencement program. Please contact graduate@howardcc.edu if there are any changes to your name or diploma address.**

Graduation Date:	May _____	August* _____	December _____
Application Deadline:	March 15	April 15/June 15*	October 15

*Students completing up to 2 courses during the summer may participate in Commencement; application deadline is April 15.

Student ID Number

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Last Name _____ First Name _____ Middle _____

Street Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Permanent address on file will be updated. Check if address is for diploma/certificate mailing only.

Degree or Certificate Program (ex. General Studies)	Number (ex.07)	Catalog Year (ex. 16/17)

Graduation clearance contingent upon:

- Minimum 2.000 cumulative GPA. AAT majors require 2.750 cumulative GPA and passing PRAXIS Core, SAT, ACT, or GRE scores. **STAT GPA:** _____
- Satisfaction of all degree/certificate requirements as outlined in HCC catalog.
- Receipt of official transcripts from _____ and HCC transcript evaluation request form by: ____/____/____
- Completion of all work for "I" grades by: ____/____/____
- Completed change of program and/or catalog year form(s): ____/____/____
- Successful completion of current course work*:

Course	Pending Sub
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Completion of this program requires credits to be moved as marked on attached degree audit

*Substitutions considered approved following signature by dean and VPAA

I certify that the above information is true and correct and I request the change(s) indicated above. I understand my name will appear on my diploma/certificate and in the Commencement program as I've written above. I understand that receipt of my diploma is contingent upon satisfying all financial obligations with Howard Community College.

Student Signature _____ Date _____

Advisor Printed Name and Extension _____ Date _____