

## Application For Degree or Certificate

Meet with an advisor to review, sign, and submit your completed application. If you plan to attend the Commencement ceremony, visit [howardcc.edu/commencement](http://howardcc.edu/commencement) to order your cap and gown. Print your name exactly as it will appear on diploma/certificate and Commencement program.

<b>Graduation Date:</b>	May _____	August* _____	December _____
<b>Application Deadline:</b>	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 \_\_\_\_\_

Do you plan to transfer after graduating?  Yes  No If yes, where \_\_\_\_\_

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"/>
<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 \_\_\_\_\_