



APPLICATION FOR GRADUATION

Students are encouraged to apply for graduation the semester prior to when they are expected to complete their credential requirements. Applications turned in after the established deadline will automatically be moved to the applications for the next semester.

Please print or type. Blue or Black Ink Only. All fields are required. A separate graduation application is required for each program of study. Original documents must be submitted unless the student has no in-person courses-- no photos, copies, or scans. Do not use shading or highlighting on any part of the application or audit.

LAST Name: _____ FIRST & Middle Names: _____

Last Four Digits of Social Security Number: _____ Student ID Number: _____

KCTCS Email Address: _____

(All communication regarding the status of your degree application will be sent to this email address)

Applying for: August December May Year: _____ Current Phone Number: _____

The name on your credential and the address to which it will be mailed will be pulled from your student account. If this information is incorrect you must update the information by the established deadlines.

_____ **Please initial here to signify you have read and understand the above statement and that you have checked your name and address in PeopleSoft.**

Please select all the credentials that you are applying for.

Degree	Diplomas	Certificates (continued)
Associate in Applied Science Administrative Office Technology 5204027039	1.) <input type="checkbox"/> Administrative Assistant 5204024019	3.) <input type="checkbox"/> Data Entry Operator 5204023079
1.) <input type="checkbox"/> Administrative Track 520402701	2.) <input type="checkbox"/> Desktop Publishing Specialist 5204024029	4.) <input type="checkbox"/> Desktop Publishing 5204023099
2.) <input type="checkbox"/> Desktop Publishing Track 520402704	3.) <input type="checkbox"/> Financial Assistant 5204024049	5.) <input type="checkbox"/> Financial Assistant Clerk 5204023129
3.) <input type="checkbox"/> Financial Assistant Track 520402703	4.) <input type="checkbox"/> Legal Office Assistant 5204024059	6.) <input type="checkbox"/> Financial Assistant Trainee 5204023139
4.) <input type="checkbox"/> Legal Administration Track 520402705	5.) <input type="checkbox"/> Office Assistant 5204024039	7.) <input type="checkbox"/> Financial Record Keeper 5204023069
	Certificates	8.) <input type="checkbox"/> Integrated Office Skills 5204023059
	1.) <input type="checkbox"/> Administrative 5204023039	9.) <input type="checkbox"/> Legal Receptionist 5204023149
	2.) <input type="checkbox"/> Basic Business Presentation 5204023119	10.) <input type="checkbox"/> Receptionist 5204023089

This application constitutes a statement of intent by the student to complete the requirements for graduation. Final determination of graduation shall be made by the Registrar who shall certify that the student has (1) fulfilled all course requirements for the Credential and (2) attained at least a 2.0 cumulative grade point average for an Associate Degree and Diploma and at least a 2.00 in the courses required for a Certificate and (3) earned at least 25 percent of the approved curriculum credits at BCTC.

Furthermore, I understand that it is my responsibility to meet the above stated requirements before I may officially graduate from BCTC. In no case will a degree be granted for the completion of a second option in a program. The completion of a second option, however, will be recorded on the transcript.

Student: I also certify that I met with my advisor and we discussed those courses which I must satisfactorily complete in order to fulfill the curriculum requirements for my program. I also understand that if for some reason my application for graduation is denied it is my responsibility to reapply. Signing this form grants BCTC permission to award any and all credentials that you qualify for.

Advisor: By signing this form I am verifying that this student will be eligible to receive the degree/diploma/certificate(s) listed above and that the student has followed the attached curriculum sheet.

Advisor's Name (Please Print) _____ Date Signed _____

Advisor's Signature: _____

Student's Signature: _____ Date Signed _____