



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. **This application is for the 2016-2017 KCTCS Catalog ONLY!**

| Degree | Certificates | Certificates (continued) |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Associate in Applied Science Computer & Information Technologies 1101017089 | 1.) <input type="checkbox"/> Computer Technician 1101013289 | 10.) <input type="checkbox"/> CISCO Networking Enhanced 1101013379 |
| 1.) <input type="checkbox"/> Applications Track 110101711 | 2.) <input type="checkbox"/> CIT Fundamentals 1101013309 | 11.) <input type="checkbox"/> A+ 1101013389 |
| 2.) <input type="checkbox"/> Computer Science Track 110101714 | 3.) <input type="checkbox"/> Productivity Software Specialist 1101013299 | 12.) <input type="checkbox"/> Net + 1101013399 |
| 3.) <input type="checkbox"/> Internet Technologies Track 110101710 | 4.) <input type="checkbox"/> Computer Tech Basic 1101013319 | 13.) <input type="checkbox"/> Security + 1101013409 |
| 4.) <input type="checkbox"/> Network Technologies Track 110101713 | 5.) <input type="checkbox"/> Computer Support Technician 1101013329 | 14.) <input type="checkbox"/> Microsoft Enterprise Administrator 1101013419 |
| 5.) <input type="checkbox"/> Programming Track 110101709 | 6.) <input type="checkbox"/> Information Security Specialist 1101013339 | 15.) <input type="checkbox"/> Programming 1101013429 |
| 6.) <input type="checkbox"/> Video Game Design Track 110101715 | 7.) <input type="checkbox"/> Microsoft Network Administrator 1101013349 | 16.) <input type="checkbox"/> Web Programming 1101013439 |
| | 8.) <input type="checkbox"/> CISCO Networking Associate 1101013359 | 17.) <input type="checkbox"/> Web Administration 1101013449 |
| | 9.) <input type="checkbox"/> Network Technologies Specialist 1101013369 | 18.) <input type="checkbox"/> Informatics Programming 1101013489 |

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 I 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 _____