



## 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	Diploma	Certificate
<input type="checkbox"/> Associate in Applied Science Medical Assisting 5108017029	<input type="checkbox"/> Medical Assisting 5108014020	1.) <input type="checkbox"/> Medical Office Insurance Billing and Coding 5108013049
		2.) <input type="checkbox"/> Medical Office Administrative Assistant 5108013069
		3.) <input type="checkbox"/> Phlebotomist 5108013109
		4.) <input type="checkbox"/> Electrocardiograph Technician 5108013149 (beginning Fall 2018)

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 \_\_\_\_\_