



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
Associate in Applied Science Medical Information Technology 5107167019	1.) <input type="checkbox"/> Medical Administrative Assistant 5107164019	2.) <input type="checkbox"/> Hospital Admissions Specialist 5107163029
1.) <input type="checkbox"/> Medical Administrative Track 510716705	2.) <input type="checkbox"/> Medical Records Specialist 5107164069	3.) <input type="checkbox"/> Medical Receptionist 5107163049 (from the 2014-2015 Catalog & before)
2.) <input type="checkbox"/> Medical Coding Track 510716706	<input type="checkbox"/> Medical Office Assistant 5107164039 2011-2012 Catalog & before	3.) <input type="checkbox"/> Medical Receptionist 5107163110 (from the 2015-2016 KCTCS Catalog)
3.) <input type="checkbox"/> Electronic Medical Records Track 510716707	<input type="checkbox"/> Medical Insurance Coding 5107164029 2011-2012 Catalog & before	4.) <input type="checkbox"/> Medical Coding 5107163079
4.) <input type="checkbox"/> Medical Transcription Track 510716708	<input type="checkbox"/> Medical Transcriptionist 5107164059 2011-2012 Catalog & before	5.) <input type="checkbox"/> Medical Transcriptionist 5107163089
5.) <input type="checkbox"/> Medical Office Management Track 510716709		6.) <input type="checkbox"/> Electronic Health Records Specialist 5107163069
	Certificate	7.) <input type="checkbox"/> Medical Scribe 5107163099
	1.) <input type="checkbox"/> Medical Unit Coordinator 5107163019	<input type="checkbox"/> Medical Office Trainee 5107163039 2011-2012 Catalog & before

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 _____