

## **Graduation Application**

Please submit the completed application with the required system-generated academic evaluation signed by your academic advisor to the Office of the Registrar.

1. Stud	ent Information		
Student	ID or Date of Birth	:Name	
Mailing address for diploma*: Street:		a*: Street:	City:
State: _		Zip:	Phone Number:
*If the a	bove address is di	ferent than your address on file, this f	form will act as a change of address for your mailing address only.
2. Com	pleted Degree In	formation	
Please select the term you're applying for graduation. $\Box$ Fall 20			Fall 20 Spring 20 Summer(Conferral Only) 20
	(Summer applic	ants may participate in the Fall Commenc	ement Ceremony by selecting the "I will" Participate box below.)
Indicate the Major Code and Award Level for which requirements have been met. Use a separate line for each award. (Must Be Completed)			
	<del>-</del>	UAD, CRIJ, LIBA OTA	Award Level Ex: AA, AS, AAT, AAS, CER1, CER2, OSA
	=		
	=		
	-		
4.	iviajor code		Award Level
3. Pleas	se select the app	ropriate choices below	
	participate in the ceremony, and will stay for the whole ceremony.  I do I do not Want my name in any printed materials for commencement.  I do I do not Require special accommodations for myself for the ceremony. (You will be emailed with instructions.)		
4. IMPORTANT: Please read the following before signing!			
• II • E • E • E • E • E • E • E • E • E	ncomplete application of the complete application of sequential completion of a considered. Diplomas are mailed a commencement cere commencement cere and a commencement cere	on packets will not be accepted. Is sent to your DMC email. It is sent to your DMC email. It is program requirements is required for ments begins after final grades post. It of 2.0 is required to graduate. If degree requirements must be done at I must differ from prior degrees by 20% of a transcripts from other schools arrive to out 6-8 weeks after commencement if your degrees and inclusion in printed materials.	Del Mar College. If the required semester hours. The Student Enrollment Center before the end of the term to be
Student Signature:			Date:
			<del></del>

graduation@delmar.edu

Phone: 361-698-1248

Fax: 361-698-1857