



# Keweenaw Bay Ojibwa Community College

*“Catch Your Dream through a Superior Education.”*

## GRADUATION APPLICATION

Full Legal Name: \_\_\_\_\_ Student ID \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Email \_\_\_\_\_

MAIL MY DIPLOMA TO: (If different from above)

Street	City	State	Zip Code
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Associate of Arts Degree  
in  
 Liberal Studies  
 Liberal Studies/ NA Emphasis

Associate of Science  
in  
 Environmental Science

Associate of Applied Science  
in  
 Business Administration  
 Early Childhood Education

Month of Graduation:  December 20\_\_\_\_  May 20\_\_\_\_

Semester and year of coursework completion:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**NOTE: if you fail to complete your graduation requirements by the semester indicated, you must file a new application for your next anticipated completion semester.**

Which catalog year have you followed to complete your program requirements? \_\_\_\_\_

I have transfer credits from: \_\_\_\_\_

Degrees I have previously earned at KBOCC: \_\_\_\_\_

I have reviewed this student's academic record and verify that he/she will have completed the specified program requirements by the end of the semester indicated above. \_\_\_\_\_

Advisor's Signature

**Please attach supporting information including: approved course substitutions and waivers and departmental recommendations.**

Complete this section ONLY if you plan to participate in the graduation ceremony

Check One:  Male  Female

Height (with shoes/heels): \_\_\_\_\_

Intend to wear (check one):  gown, or  own regalia

*For Official Use Only*

Approved: (date) \_\_\_\_\_ Rejected: (date) \_\_\_\_\_ Hold: (date) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Diploma Mailed: (date & initial) \_\_\_\_\_