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Wabanung Campus 770 N. Main St. L'Anse, MI 49946 Phone: (906) 524-8304 Fax: (906) 524-8106

"Catch Your Dream Through a Superior Education" Graduation Application

	ete Application and Submit to your	
_	Student ID:	
ddress:	Ci	ty:State:
ip:	Telephone:	Birthdate:
lace of Birth:	En	nail:
lail My Diploma To:		
Associate of Arts Degree	○Associate of Science	○Associate of Applied Science
Liberal StudiesLiberal Studies/ NA Emphasis	Environmental Science	Business Administration Early Childhood Education
Month of Graduation: □ December 20_	□ May 20	
	pletion: □ Fall 20 □ Spi graduation requirements by the seme n for your next anticipated completion s	ster indicated, you must file a new
hich catalog year have you followed to	complete your program requireme	nts?
have transfer credits from:		
egrees I have previously earned at KBC		
have reviewed this student's academic	•	ave completed the specified program
equirements by the end of the semester	indicated above.	Date
dvisor's Signature: <mark>lease attach supporting information inc</mark>	cluding: approved course substituti	Date: ons, waivers and departmental
ecommendations.	7 17	
	ONT N' C I A A' LA	the anadustion commons
Complete this section	n ONL Y II vou blan to participate in	i the graduation ceremony
Complete this section	n <u>ONLY</u> if you plan to participate in	the graduation ceremony
Complete this section theck One: Male Female		eels):
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theck One: Male Female ntend to wear (check one): gown,	Height (with shoes/he or	eels):
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check One: Male Female  Intend to wear (check one): gown,  Approved: (date) Reje	Height (with shoes/he or	eels):