

Niiwin Akeaa Campus
111 Beartown Road
Baraga, MI 49908
Phone: (906) 353-4630
Fax: (906) 353-8107



Wabanung Campus
770 N. Main St.
L'Anse, MI 49946
Phone: (906) 524-8311
Fax: (906) 524-8106

GRADUATION APPLICATION

Full Legal Name: _____ Student ID _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Birthdate: _____ Email: _____

MAIL MY DIPLOMA TO: (If different from above)

Street	City	State	Zip Code
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○Associate of Arts Degree in

____Anishinaabe Studies

____ Liberal Studies

____ Liberal Studies/ Art Emphasis

____ Liberal Studies/ Criminal Justice Emphasis

○Associate of Science in

____ Environmental Science

____ Business Administration

____ Early Childhood Education

○Certificate in

____ Business Administration

____ Child Development

____ Corrections

____ Culinary Arts

____ Environmental Science

____ Environmental Studies/Sustainability

____ Office Services

____ Small Business Start-Up

____ Tribal Management

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: _____

Student Signature: _____

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

Degree Graduates: 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

Approved: (date) _____ Rejected: (date) _____ Hold: (date) _____

Signed: _____ Date: _____

Diploma Mailed: (date & initial) _____