

**Wabanung Campus**

770 N. Main St

L'Anse, MI 49946

Phone: (906) 524-8400

Fax: (906) 524-8106

**Arts & Agriculture Center**

15211 Pelkie Rd

Pelkie, MI 49958

Phone: (906) 524-8400

Fax: (906) 524-8106

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

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

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

**MAIL MY DIPLOMA/CERTIFICATE TO:** (If different from above)

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

**Associate of Arts Degree in**

- ☐ Anishinaabe Studies  
☐ Liberal Studies  
☐ Liberal Studies/Art Emphasis  
☐ Liberal Studies/Criminal Justice Emphasis  
☐ Liberal Studies/Health Sciences Emphasis  
☐ Liberal Studies/Social Science Emphasis

**Associate of Science in**

- ☐ Business Administration  
☐ Early Childhood Education  
☐ Environmental Science  
☐ Environmental Science/Sustainability Emphasis  
☐ Health Sciences  
☐ Nursing

**Certificate in**

- ☐ Business Administration  
☐ Child Development  
☐ Certified Nursing Assistant  
☐ Criminal Justice  
☐ Culinary Arts  
☐ Environmental Science  
☐ Environmental Studies/Sustainability  
☐ Healthcare Management  
☐ Medical Billing & Coding  
☐ 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.**

Catalog Year: \_\_\_\_\_ Degrees Previously Earned at KBOCC: \_\_\_\_\_

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

\_\_\_\_\_  
Advisor's Signature/Date**Please attach supporting information including approved course substitutions, waivers and/or departmental recommendations****Associate Degree Graduates:** Complete this section ONLY if you plan to participate in the graduation ceremony

Intend to wear (check one):    gown or    own regalia    Height (with shoes/heels if gown): \_\_\_\_\_

**INTERNAL USE ONLY**

Approved (date &amp; initial): \_\_\_\_\_ Rejected (date &amp; initial): \_\_\_\_\_ Hold (date &amp; initial): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Diploma Mailed (date &amp; initial): \_\_\_\_\_