



Kellogg Community College

Office of the Registrar

450 North Avenue • Battle Creek, MI 49017-3397 • (269) 965-4129

# APPLICATION FOR GRADUATION

\*\*\*PLEASE USE ONE FORM FOR EACH DEGREE/CERTIFICATE\*\*\*

<b>1. Today's Date</b>	<b>Date of Birth</b>	<b>Application Deadline Dates:</b> Fall Semester - November 1 Spring Semester - April 1 Summer Semester - August 1	Select desired term and year of graduation (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____
<i>Print your name below exactly as it is to appear on the diploma.</i>			<b>E-mail Address</b>
<b>First name</b>	<b>Middle Name or Initial</b>	<b>Last Name</b>	<b>Maiden Name and/or Former Last Names</b>
<b>Number and Street</b>			<b>Daytime Phone Number</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>ID (Social Security Number or KCC ID#)</b>
<b>2. Associate Degree</b> (Check one) (If you are applying for a certificate go to box 3.)			<b>What catalog year did you follow?</b>
<input type="checkbox"/> Associate in Arts (311) <input type="checkbox"/> Associate in Science (312) <input type="checkbox"/> Associate in General Studies (313) <input type="checkbox"/> Associate in Criminal Justice (314) <input type="checkbox"/> Associate in Applied Science, _____ <i>Program of Study code and/or title</i> <input type="checkbox"/> Other _____			<b>Previous College(s) Attended:</b> _____ _____ _____
<b>3. Certificate</b> (If you are applying for an associate degree go to box 2.)			Check this box if you would like an audit for MACRAO <input type="checkbox"/> MACRAO AGREEMENT
<i>Program of Study Code and/or Title</i> _____			
<b>4. Commencement Ceremony</b>			
Do you wish to participate in the May commencement ceremony? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "Yes", and you have applied for more than one degree or certificate, with which group would you like to sit? _____			
** Upcoming summer grads must apply by April 1 to participate in the May Commencement Ceremony.			
<b>5. Are you currently completing course work pertaining to your degree or certificate</b> (check box or boxes)			
<input type="checkbox"/> At KCC <input type="checkbox"/> Other College(s) <input type="checkbox"/> CLEP <input type="checkbox"/> "I" Grade <input type="checkbox"/> Testing Out <input type="checkbox"/> Other _____			
Course(s) currently taking at other college(s) _____			
<b>6. RESULTS DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> Complete (All requirements for completion have been met.)			
<input type="checkbox"/> Anticipated Complete (All requirements will be met upon successful completion.)			
<input type="checkbox"/> In Progress (Requirements not yet met.) See below for program requirements that still need completion.			
(Call the Registrar's office if you have anything to add that may change the results.)			
<input type="checkbox"/> Your cumulative grade point average is below 2.0		<b>OTHER:</b>	
<input type="checkbox"/> Please request an official transcript from your previous college(s).		_____	
<input type="checkbox"/> A course substitution or exemption has been requested.		_____	
<input type="checkbox"/> You need to meet with your academic advisor regarding program completion.		_____	
		_____	
		_____	