



STUDENT APPLICATION FOR GRADUATION

This form is to be used by a student who has completed/will complete an award level AND who wishes to receive the printed award and/or participate in the commencement ceremony.

A student graduating in a summer/fall semester should meet with his/her advisor during the April/May advising period to ensure all graduation requirements have been or will be met. A student graduating in a spring semester should meet with his/her advisor during the November/December advising period to ensure that all graduation requirements have been or will be met.

A graduation application may be submitted by the student at any time; however, a student who wishes to participate in the commencement ceremony must submit his/her graduation application no later than the dates listed below:

Fall Commencement (held in December): November 15

Spring Commencement (held in May): April 15

A student who does not submit his/her graduation application by the dates listed above may participate in the following semester's ceremony.

Instructions to Student: If you wish to receive a printed award and/or participate in the commencement ceremony, complete all sections of the application in blue or black ink, sign and date the application, and submit the application **to your advisor**. (Note: A separate application must be submitted for each program area from which the student wishes to graduate.)

Instructions to Advisor: Verify that the information indicated on the application by the student is correct, that the application is completed in ink, and that the student has signed and dated the application. **All courses being used toward completion of the award must appear on the student's Fletcher transcript.** Attach a completed and signed candidate plan of studies (CPS) to the application and submit the application to the Academic Dean (Director or Department Head if there is no Dean) of the indicated program for final approval.

SECTION I: STUDENT INFORMATION (Please PRINT all information.)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

MAILING ADDRESS: _____ CITY/STATE: _____ ZIP: _____

STUDENT ID/DOB: _____ DAYTIME PHONE: _____

PREFERRED EMAIL FOR COMMENCEMENT INFORMATION: _____

FLETCHER EMAIL IF DIFFERENT FROM ABOVE: _____

SECTION II: AWARD COMPLETION SEMESTER

INDICATE THE SEMESTER & YEAR AWARD REQUIREMENTS WERE/WILL BE COMPLETED: SP _____ SU _____ FA _____

SECTION III: AWARD INFORMATION

INDICATE THE AWARD LEVEL: TCA CTS CGS Technical Diploma AAS AA AS AGS

INDICATE THE PROGRAM OF STUDY THIS AWARD APPLIES TO: _____

For TCAs & CTSs indicate the name of the award. For example: Automotive Technology, Engine Repair Technician

If you are currently taking courses at another institution that are required for completing this award, please submit an unofficial copy of the transcript with this application. Once final grades are posted, you will need to have an official transcript submitted to Fletcher. The printed award(s) will be held until the official transcript is received.

SECTION IV: CEREMONY INFORMATION (TCA recipients may participate only when the DECLARED PROGRAM OF STUDY is Cardiovascular Clinical Assistant, Electrocardiograph Technician, or Nurse Assistant.)

INDICATE THE COMMENCEMENT CEREMONY YOU WISH TO PARTICIPATE IN:

Spring Commencement Fall Commencement Neither, I only wish to receive the print award(s) indicated above

An individual who requires a special accommodation for a specific disability should contact Student Affairs at 985-448-7917 at least two weeks prior to the ceremony.

NAMES OF GRADUATION CANDIDATES WILL BE PUBLISHED IN THE COMMENCEMENT PROGRAM & RELEASED TO THE NEWSPAPER UNLESS THE STUDENT HAS A NON-DISCLOSURE FORM ON FILE WITH THE REGISTRAR'S OFFICE.

STUDENT SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY THE ACADEMIC DEAN (Director or Department Head if there is no Dean) & SIGNED BY VC OF ACADEMIC AFFAIRS:

DO YOU APPROVE THE CANDIDATE FOR GRADUATION? YES NO

IS AN APPROVED CPS ATTACHED? YES NO

AD Signature: _____ **Date:** _____

VC Signature: _____ **Date:** _____

TO BE COMPLETED BY REGISTRAR'S OFFICE:

IS STUDENT APPROVED FOR GRADUATION? YES NO

IF NO, LIST DEFICIENCIES BELOW:

Signature: _____ **Date:** _____