

APPLICATION FOR DEGREE COMPLETION



STUDENT NAME: _____
Last Name First Name Middle Name

**Kindly write your name exactly as you would like it to appear on your diploma. Any change in name since enrollment at SJCJC must be supported by a legal document.*

ADDRESS: _____

CITY/TOWN: _____

PHONE: (home) _____ (cell) _____ (work) _____

SJC EMAIL ADDRESS: _____@sjc.bz

PLEASE COMPLETE ALL SECTIONS THAT APPLY:

1. I am applying for an Associate Degree in the following department: _____
2. My major at the time of graduation is: _____
3. I intend to transfer credits earned at another institution toward the SJCJC degree? NO YES
I intend to submit transcript(s) from another institution within the mandated deadline. NO YES
4. Community service hours completed: _____ hours
5. My proposed semester of completion is: May Summer December Year: _____
**Deadline to submit application for completion in May – last Friday in October*
**Deadline to submit application for completion in Summer or December – last Friday in March*

I hereby submit this application to the Office of the Registrar for the above degree. I also understand that grades obtained from SJCJC after my degree is conferred will appear on my transcript, but will not be used to adjust my cumulative grade point average (CGPA).

Student's Signature

Date: (mm, dd, yr)

Registrar's Signature

Date: (mm, dd, yr)

- *Kindly note that completion of this form is mandatory **EVEN IF YOU DO NOT INTEND TO PARTICIPATE IN THE GRADUATION CEREMONY**. The college will not be held liable if your name does not appear on the official graduation list because of failure to submit this form according to the scheduled deadline.*
- *Payment of the graduation fee must have been made at the Finance Office prior to submission of this form at the OTR.*
- *Upon completion of processing, a notification is sent to your SJC email address **ONLY** to collect your official graduation response letter at the OTR.*