

APPLICATION TO GRADUATE – DANVILLE AREA COMMUNITY COLLEGE

It may take 3 to 4 weeks for your Application to be reviewed

Please PRINT legibly and fill in all blanks. Print your name exactly as you want it to appear on your diploma.

1. _____
Last Name First Name Middle Name or Initial

2. _____
Current Address or P.O. Box # City State Zip Code

3.
Student I.D. # Phone Number Today's Date Primary E-mail Address

4. Will you be walking in our May Commencement Ceremony?..... YES NO

Do you already have a cap & gown?..... YES NO

5. Are you a Veteran or a current member of the Armed Forces? YES NO

6. Are you a member of the Phi Theta Kappa (PTK) society? YES NO

7. Indicate the **semester** and **year** (i.e., Spring 15) in which you will complete the courses for your degree:

Spring _____ Summer _____ Fall _____

_____ Associate in Arts (AA) _____ Associate in Science (AS) _____ General Studies (AGS) _____ Applied Science (AAS)

_____ Engineering Science (AES) _____ Fine Arts in Art (AFA) _____ Fine Arts in Art Education (AFAE)

8. List major/area of study: Major: _____

*****FOR DACC OFFICE USE ONLY*****

_____ This student is currently *eligible* to graduate.

_____ This student is eligible to graduate *pending completion of current courses*.

_____ This student is eligible to graduate *pending completion of _____ semester courses*.

_____ This student is *not eligible* to graduate due to the following deficiencies: _____

****Please review for multiple degrees and/or certificates, if applicable.***

Advisor/Counselor Date

Registrar/First Check Date

General Education Requirements Met(AAS degree only)

Registrar/Final Approval Date

Division Dean/Program Director Date

Initial GPA Honors Final GPA Honors

Letter Sent: _____ Posted: _____ Diploma Sent: _____

Excel: _____ Grad. Flag: _____ D.C. _____