



Application for Graduation - Associate

NAME: _____ DOB : ____ - ____ - ____ TSC ID: _____
(Please print)

ADDRESS: _____ PHONE Home: (____) ____ - _____
(Street) _____
(City) _____ (State) _____ (Zip Code) _____
Work: (____) ____ - _____
Cell: (____) ____ - _____

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

Students are expected to inform themselves thoroughly about the regulations and the course requirements for degrees and to inquire in case of doubt. It will not be the responsibility of TSC if complications arise because students fail to follow regulations and requirements. Regulations will not be waived nor exceptions to requirements made on a plea of ignorance of the regulation or requirement. Therefore, students should become familiar with all of the information related to their programs contained in the Undergraduate Catalog.

My name should appear on my diploma as: _____
(PLEASE PRINT NAME)

Are you currently enrolled? Yes No

First Generation: Yes No

APPLICATION PACKET CHECKLIST:

- Completed application form
- Degree plan/audit from TSC Advisor
 - (Student should meet with Division Advisors)
- Official course substitutions signed and submitted for degree plan, pending approval
 - Number of Course Subs being submitted - ____

GRADUATION APPLICATION DEADLINES:

FALL – October 15* (for December posting)

SPRING – March 11* (for May posting)

SUMMER – June 15* (for August posting)

(*Subject to change: Graduation deadlines will reflect on Academic Calendars of your graduating semester.)

I hereby request consideration as a graduation candidate for the degree according to the requirements of the attached degree plan for Fall 20 __/ Spring 20 __/ Summer 20 __. I understand that my transcript will reflect degree completion when all requirements are complete. Furthermore, I understand that I must comply with any additional requirements detailed in the corresponding catalog. (Refer to the Degree Requirements section.) *Participation in the graduation ceremony, however, does not ensure automatic fulfillment of requirements or that a degree will be awarded.

STUDENT SIGNATURE: _____ DATE: _____

ACADEMIC ADVISOR SIGNATURE: _____ DATE: _____

CERTIFIED BY: _____ DATE: _____

*This form can ONLY be submitted, with supporting documents,
(Please see above "Application Packet Checklist"), at the Office of Admissions and Records.*

**Please keep a copy of this form until final certification of your degree is completed/awarded.*

(Submission of this form DOES NOT Guarantee graduation)