

Application for Graduation

Review your transcript with your Advisor and if you are within 6 credits from program completion, submit completed application to Anne Donahue.

Please print your name clearly as it should appear on your diploma

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____
Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____

Student ID #: _____ Email address: _____

Advisor: _____

Program of Study: _____ Associate Degree _____ Diploma _____ Certificate _____
_____ Associate Degree _____ Diploma _____ Certificate _____

Month you plan to graduate (please circle one) December May Veteran of the US Armed Forces ____Yes ____No

Do you plan to attend graduation exercises in May? Yes _____ No _____

Will you be returning to WCCC for an additional program after graduation? Yes _____ No _____

If yes, what program(s)? _____

Are you planning to continue your education? Yes _____ No _____

If yes, what College are you transferring to? _____

Have you been accepted? Yes _____ No _____ Are you currently registered for courses? Yes _____ No _____

What is your chosen program of study? _____

**Do not submit this form without your Advisor's signature.
Applicable graduation fees will be applied during your last semester of attendance.**

To ensure delivery of your official diploma, please verify that your correct mailing address following graduation is on file.

Student Signature: _____ Date _____

Advisor Signature: _____ Date _____

For Office Use Only

Transcript Review:

Coordinator of Enrollment & Student Services: _____ Date _____

Courses missing: _____