APPLICATION TO GRADUATE (with an Associate Degree) – DANVILLE AREA COMMUNITY COLLEGE <u>It may take 3 to 4 weeks for your Application to be reviewed and a letter will be mailed to you</u>

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

Last Name	First Name			Middle Name or Initial		
Current Address or P.O. Box # City		State	Zip Code	Mailing Address (if different)		
Student I.D. # Phone Number Today's Date			Date	Primary E-mail Address		
Will you be walking in	our May Commencem	ent Ceremon	y?	YES	NO	
If yes, Height:	Weight: Under 2001	bs Over 200	bs			
. Are you a Veteran or a current member of the Armed Forces?				YES	NO	
Are you a member of th		YES	NO			
Indicate the semester as	nd year (i.e., Spring 1:	5) in which y	ou will comple	ete the courses f	or your degree:	
Spring	Sum	mer		Fall		
Science & Arts (ASA (Transfer)	General Studies		(Vocational/Ca	reer)	(Transfer)	
	ently <i>eligible</i> to graduate					
This student is eligi	ble to graduate <i>pending</i>	completion of	current courses	.		
This student is eligi	ble to graduate <i>pending</i>	completion of		semester cours	ses.	
This student is <i>not</i> a	eligible to graduate due	to the followin	g deficiencies:_			
<u>*Ple</u>	ase review for multip	le degrees an	d/or certificat	es, if applicable	<u>.</u>	
Advisor/Counselor	Date		gistrar/First Check		Date	
General Education	Requirements Met(AAS degree	e only)				
Division Dean	Date	Re	gistrar/Final Approva	1	Date	
Program Director	Date					
1 rogram Director	Date	FII	al GPA		Honors	