

Comments:

FALL 2015 Graduation Application

Please return this form and \$50 Application Fee to Campus Cashier by OCTOBER 1, 2015

SECTION I: ST	UDENT INFORMA	TION	
			Southorn ID#: S
First Name	Middle	Last	Southern ID#: S
			Birth Date:
Mailing Address			
City	State	Zip Code	Telephone:
•		·	
Name to Appear on I	Diploma (PRINT CLEARL)	Y):	
First Name		Middle	Last
SECTION II: GI	RADUATION INFO	RMATION	
102011011 0	in Doming		
Program of Study*	:		
	revent delay in processing	of application	
Degree/Certificate	to be awarded:		
Certificate	Associate in Arts	Associate in Science	ce Associate in Applied Science
List all previously at	tended colleges, exclud	ding Southern WV CTC:	
			_
I will pick up my dipl	loma at the following Ca	ampus:	
Boone Log	yan Campus W	/illiamson Campus V	Vyoming Campus <u>OR</u> Please Mail
SECTION III: ST	TUDENT SIGNATU	IRE	
By signing below,	I accept full financial	responsibility for payme	ent of the graduation application fee and
any other financia	l obligations associat	ed with my account, as	well as submission of official transcripts
from all previous of	colleges to Southern	West Virginia Communit	•
Student Signa	iture		Date
REGISTRAR'S	OFFICE USE ONLY:	AP Entered By:	Status: SO CP
		Date:	Date:
Trans ck/Letter	Hold ck/Letter	GPA(min 2.0)	HONORS (min 3.40) Y N
Program	Info Lottor	Card	Diploma