

SPRING 2017 Graduation Application

Please return this form and \$50 Application Fee to Campus Cashier by APRIL 30, 2017

SECTION I: STUDENT INFORMATION				
First Name	Middle I	_ast	Southern ID#: S	
			Birth Date:	
Mailing Address				
City	State Z	Zip Code	Telephone:	
Name to Appear on Diploma (PRINT CLEARLY):		•	Are you a veteran?: Y	_ N
Name to Appear on Diploma (FRINT CLEARET).				
First Name		Middle	Last	
SECTION II: GRADUATION INFORMATION				
Program of Study*: *must be entered to prevent delay in processing of application				
Degree/Certificate to be awarded:				
Certificate As	sociate in Arts	_ Associate in Science _	Associate in Applied S	Science
List all previously attended colleges, excluding Southern WV CTC:				
I will pick up my diploma at the following Campus/Site location:				
Boone Lincoln Si	te Logan -	——— Williamson	Wyoming OR Plea	ase Mail
		_		
SECTION III: STUDENT SIGNATURE				
By signing below, I accept full financial responsibility for payment of the graduation application fee and				
		d with my account, as wel est Virginia Community &		transcripts
·	•	,	· ·	
Student Signature Date				
REGISTRAR'S OFFICE USE ONLY:		AP Entered By:	Status: SO	CP
Trans ck/Letter	Hold ck/Letter	Date: GPA(min 2.0)	Date: HONORS (min	3.40) Y N
Program	Info Letter	Card	Diploma	
Comments:				