

**Application as Candidate for Graduation**  
FALL 2023 - Application Due by October 31<sup>st</sup>, 2023

**Print your name as you want it to appear on your diploma (*Please print clearly*)**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Phone (\_\_\_\_\_) \_\_\_\_\_ Student ID or SS# \_\_\_\_\_

**Shawnee Community College has only one Graduation Ceremony, which is in May. Do you plan to walk in the ceremony? Yes No**

Degrees

- \_\_\_\_ Associate of Arts
- \_\_\_\_ Associate of General Studies
- \_\_\_\_ Associate of Science
- \_\_\_\_ Accounting
- \_\_\_\_ Agriculture Business & Management
- \_\_\_\_ Associate Degree Nursing
- \_\_\_\_ Automotive Technology
- \_\_\_\_ Business Management
- \_\_\_\_ Computer Systems & Security Specialist
- \_\_\_\_ Construction Management
- \_\_\_\_ Criminal Justice
- \_\_\_\_ Fish & Wildlife Management
- \_\_\_\_ Heating/Ventilation/AC/Refrigeration
- \_\_\_\_ Medical Laboratory Tech
- \_\_\_\_ Occupational Therapy Assist
- \_\_\_\_ Social Work
- \_\_\_\_ Surgical Technology

One Year Certificates

- \_\_\_\_ Agriculture
- \_\_\_\_ Automotive Tech Assistant
- \_\_\_\_ Barber
- \_\_\_\_ Combination Welding
- \_\_\_\_ Cosmetology
- \_\_\_\_ Criminal Justice
- \_\_\_\_ General Education Core
- \_\_\_\_ Medical Assistant
- \_\_\_\_ Medical Coding Specialist
- \_\_\_\_ Medical Office Assistant
- \_\_\_\_ Practical Nursing

Less Than One Year Certificates

- \_\_\_\_ Auto Body
- \_\_\_\_ Auto Maintenance/Light Repair
- \_\_\_\_ Basic Heating/Air Conditioning
- \_\_\_\_ Basic Residential Electricity
- \_\_\_\_ Cosmetology Instructor Training
- \_\_\_\_ Diesel Technology
- \_\_\_\_ Medical Biller
- \_\_\_\_ Medical Coder
- \_\_\_\_ Nail Technology
- \_\_\_\_ Phlebotomy

**You must present this form to the Registrar's Office (H2085) to ensure that your high school or GED transcript/diploma is on file.**

\_\_\_\_\_ (*Registrar's Office Verification*)

**YOU WILL NOT RECEIVE A DEGREE UNLESS THIS FORM IS COMPLETED AND TURNED IN TO THE REGISTRAR'S OFFICE (H2085) BY THE DUE DATE.**

Any application received after the due date will be included with the following semester graduates. Applications will not be accepted unless the above steps have been completed and have initials clearing that student for graduation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Submitted

**\*Anyone in need of disability accommodations for the commencement ceremony please contact Jacqueline Smith.\***

# Shawnee Community College Graduate Exit Survey

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

What is your major? \_\_\_\_\_

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. I was given multiple opportunities in my educational experiences to improve my communication skills (both oral and written).	1	2	3	4	5
B. I encountered situations where I had to create alternate solutions to problems and defend my recommendations.	1	2	3	4	5
C. I researched topics related to my educational requirements using modern informational technology options.	1	2	3	4	5
D. During my time spent at SCC, I have had the opportunity to experience differences related to cultures, economics, political views, and societal influences.	1	2	3	4	5
E. I have achieved my person goals as I prepare to graduate from Shawnee Community College.	1	2	3	4	5

### **What are your future plans?**

- Enrolling (full time/part time) at \_\_\_\_\_ college/university)
- Not planning to enroll in college
- Employed and not looking for different employment
- Not employed and not looking for employment
- Not employed and looking for employment
- Employed full-time but looking for different employment
- Employed part-time but looking for different employment

\*Are you interested in receiving information about the Alumni Association?

If so, please provide a personal email address: \_\_\_\_\_

### **If you are currently employed full or part-time, please complete the following information:**

Employers Name:

Employers Address:

Job Title:

Start Date

Salary

Hours worked per week:

#### Benefits:

Health Insurance

Vacation Days

Sick Days

Paid Holidays

Retirement

Other

\_\_\_\_\_  
Graduate Signature

\_\_\_\_\_  
Date

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ID#: \_\_\_\_\_

Name: \_\_\_\_\_

Degree Title/Number: \_\_\_\_\_

# (Advisor -- Please list all courses)

**Deficiencies:**

FALL \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Roll to next semester
- Remove from list
- Cleared for Graduation

SPRING \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Roll to next semester
- Remove from list
- Cleared for Graduation

SUMMER \_\_\_\_\_:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Roll to next semester
- Remove from list
- Cleared for Graduation

GPA: \_\_\_\_\_  Honors Delinquent Charge: \_\_\_\_\_

Total Hours: \_\_\_\_\_ Degree: \_\_\_\_\_

Cleared for Graduation: \_\_\_\_\_ Semester \_\_\_\_\_ Year Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_