Application as Candidate for Graduation

FALL 2025 - Application Due by October 31st, 2025

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

_____

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	One Year Certificates	Less Than One Year Certificates
_____Associate of Arts	_____Agriculture	_____ Auto Body
_____Associate of General Studies	_____Automotive Tech Assistant	_____ Auto Maintenance/Light Repair
_____Associate of Science	_____Combination Welding	_____ Basic Heating/Air Conditioning
_____Accounting	_____Cosmetology	_____ Basic Residential Electricity
_____ Agriculture Business & Management	_____Criminal Justice	_____Cosmetology Instructor Training
_____ Associate Degree Nursing	_____General Education Core	_____Electrocardiography Technician
_____ Automotive Technology	_____Medical Assistant	_____ Medical Biller
_____ Business Management	_____Medical Coding Specialist	_____ Medical Coder
_____ Computer System & Security Specialist	_____Medical Office Assistant	_____ Nail Technology
_____ Construction Management	_____Practical Nursing	_____ Phlebotomy
_____ Criminal Justice	_____Welding-CBE Combination	
_____ Fish & Wildlife Management		
_____ Heating/Ventilation/AC/Refrigeration		
_____ Occupational Therapy Assist		
_____ Social Work		

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

Personal Email (non-SCC Email) _____

Anyone in need of disability accommodations for the commencement ceremony please contact Jackie Smith.

SS#: _____ - _____ - _____   ID#: _____

Name: _____   Degree Title/Number: _____

(Advisor -- Please list all courses)

Deficiencies:

FALL _____:

_____

_____   o Roll to next semester

_____   o Remove from list

_____   o Cleared for Graduation

SPRING _____:

_____

_____   o Roll to next semester

_____   o Remove from list

_____   o Cleared for Graduation

SUMMER _____:

_____

_____   o Roll to next semester

_____   o Remove from list

_____   o Cleared for Graduation

GPA: _____   ☐ Honors   Delinquent Charge: _____

Total Hours: _____

Cleared for Graduation: _____ _____   Degree: _____
                              Semester   Year

Registrar's Signature: _____   Date: _____