



Application For Graduation

(Please check one)

Associate Certificate

NAME: (Please Print) _____ DOB: - - TSC ID: _____

ADDRESS: (Street) _____ PHONE Home: () - _____

(City) (State) (Zip Code) _____ Work: () - _____

E-MAIL: _____ Cell: () - _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

Students are expected to inform themselves thoroughly regarding regulations and course requirements for degrees, and to inquire in case of doubt. It will not be the responsibility of TSC if complications arise because students fail to follow regulations and requirements. Regulations will not be waived, nor exceptions to requirements made, on a plea of ignorance of the regulation or requirement. Students should become familiar with all of the information related to their programs contained in the Academic Catalog located on the TSC web site.

My name should appear on my diploma as: _____ (Please Print)

Are you currently enrolled? Yes No

APPLICATION PACKET CHECKLIST

GRADUATION APPLICATION DEADLINES

- Completed application form
Degree plan/audit from TSC Advisor
Course substitutions for degree plan submitted:
*Attach copies of request submitted

SPRING 2017 - March 10 (for May posting)
SUMMER 2017 - June 16 (for August posting)
FALL 2017 - October 13 (for December posting)

WILL YOU BE WALKING IN THE COMMENCEMENT CEREMONY? Yes No

WILL YOU BE TAKING FURTHER COURSES AT TSC? Yes No
If yes, you are required to apply for admissions as a returning student via www.applytexas.org

I hereby request consideration as a graduation candidate for the degree according to the requirements of the attached degree plan for Fall 20_/ Spring 20_/ Summer 20_. I understand that my transcript will reflect degree completion when all requirements are complete. Furthermore, I understand that I must comply with any additional requirements detailed in the corresponding catalog (degree requirements).

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____

This form MUST be submitted to the Office of Admissions and Records with supporting documents. (Please see above "Application Packet Checklist")

Please keep a copy of this form until final certification of your degree is completed/awarded.

(Submission of this form DOES NOT guarantee graduation)

CERTIFIED BY: _____ DATE: _____