



Graduation Application

Congratulations! You are near completion of your academic goals. Please read carefully.

I understand that I am to fulfill the following conditions:

1. Complete all requirements for degree or certificate sought as stated in the catalog.
2. Confer with advisor regarding the completion my degree plan (*Must be attached*).
3. Complete arrangements for payment of financial obligations one month prior to graduation.
4. I will receive my diploma within 30 days after the graduation semester .
5. Notify the Registrar's Office of any change in information regarding graduation.

I. Name: (Print name EXACTLY as you want it to appear on your diploma)

First Middle or Initial Last ID#

II. Tribal Affiliation or Home Town: _____
(Will appear on graduation program)

III. I am applying for the following: _____
 Certificate Degree
 Associate of Applied Science Degree
 Bachelor of Science

IV. Semester/Year I plan to complete graduation requirements: Fall _____ Spring _____
 I will be attending the graduation ceremony.
 I will NOT be attending the graduation ceremony.

V. Mail Diploma/Certificate to:
(UTTC BOX # ADDRESS IS **NOT** ACCEPTABLE, PLEASE PROVIDE PERMANENT ADDRESS)

Street Address City State Zip Code

We will email you degree verification and graduation announcements. Please provide your
Email Address: _____

VI. _____
Date Applicant's Signature Advisor's Signature

VII. Return completed application for graduation to the **Registrar's Office**.

UTTC REGISTRAR USE ONLY			
UTTC Credits: _____	Other Credits: _____	TOTAL Credits: _____	GPA: _____
<input type="checkbox"/> Eligible	Date Diploma Mailed: _____		
<input type="checkbox"/> Ineligible	Comments: _____		