Application for Graduation

Washtenaw Community College Office of Student Records

Read the following and then complete parts A, B and C below:

1. Complete a separate application **for each** Associate Degree or Certificate.

2. You must request official transcripts from other colleges and universities to use toward your degree at WCC, if you have not already sent them.

3. After this application is processed, you will be notified by mail. Allow 2-4 weeks.

A. PERSONAL INFORMATION

STUDENT ID: @00_____   **TODAY'S DATE:** _____

NAME AS IT WILL APPEAR ON DEGREE/CERTIFICATE:

_____   _____   _____
(First)   *(Middle)*   *(Last)*

CONTACT: _____
                                          (Street Address)

_____   _____   _____
(City)   *(State)*   *(ZIP)*

_____   _____
(Phone Number)   *(Email)*

FORMER OR MAIDEN NAME: _____   **SIGNATURE:** _____

B. EDUCATION INFORMATION

	Institution	*Years Attended*
LIST OTHER COLLEGES OR PLACES OF TRAINING FROM WHICH YOU HAVE CREDITS RELEVANT TO YOUR GRADUATION:	_____	_____
	_____	_____
DID YOU ATTEND WCC BEFORE 1981? ☐ YES ☐ NO	_____	_____
	_____	_____

C. DEGREE/CERTIFICATE INFORMATION

☐ **WCC ASSOCIATE DEGREE**   ☐ **WCC CERTIFICATE**

_____   _____
Program   *Program*

ARE YOU A MEMBER OF PHI THETA KAPPA? ☐ YES ☐ NO

WCC CATALOG USED TO DETERMINE REQUIREMENTS: _____
                                                                                            Year

Note: Your name may be used in documents released to the public. If you do not wish to have your information released you should submit a Confidential Request Form (available at Student Connection).

EXPECTED DATE OF GRADUATION:

_____
Year

☐ MAY
End of Winter semester

☐ JUNE
End of Spring 7.5 weeks

☐ AUGUST
End of Summer semester

☐ DECEMBER
End of Fall semester