TECHNICAL COLLEGE OF THE LOWCOUNTRY

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APPLICATION FOR GRADUATION **(Please fill out a separate application for each degree, diploma, or certificate.)**

Student ID ☐☐☐☐☐☐☐

This application must be filed with Student Records by the deadline indicated below. Your diploma will be ordered with the information provided on this application. Please be certain it is correct.

Please type or print your name in ink exactly the way you want it to appear on your degree, diploma, or certificate.

First Name

Middle Name

Last Name

Jr., III, etc.

Gender ☐ M ☐ F

Graduation Date Applying For:
___ May (Application Deadline: March 1)
___ Early Walker
___ August* (Application Deadline: July 1)
___ December* (Application Deadline: October 1)

* August and December graduates will be eligible to participate in the May commencement the following year.

Telephone ☐☐☐ – ☐☐☐ – ☐☐☐☐

Provide the address where your diploma should be mailed.

Street

City State Zip + ☐☐☐☐

I WILL ☐ ATTEND ☐ NOT ATTEND THE FORMAL GRADUATION CEREMONY.

NOTE: Students in need of accommodations for the commencement ceremony should contact the Director of Federal Programs and Student Development Functions (843-525-8219) at least two weeks prior to commencement.

I am applying for graduation in (program name): _____

☐ degree ☐ diploma ☐ certificate program at the end of the term. I understand that the degree/diploma/certificate will not be awarded unless and until I complete all the required courses successfully, achieve a cumulative grade point average of 2.00 or better and pay all financial obligations.

Student Signature _____ Date _____

ACADEMIC ADVISOR (Provide supporting documents)

Program Name _____ Curriculum Code _____ Catalog Eval. Year _____

☐ I find this student eligible to graduate when the courses listed below are successfully completed.

Academic Advisor Signature _____ Date _____

Division Dean Signature _____ Date _____

OFFICIAL USE ONLY

Data Input _____
20_____SP_____
20_____SU_____
20_____FA_____
Requirements Met_____
Requirements NOT Met_____

I find this student eligible for graduation and has completed a minimum of 25% of their program credit hours at the Technical College of the Lowcountry.

Registrar_____ Date_____

TCL Form SR-010 6/11

Statement of Non-Discrimination: The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief.