SAGINAW CHIPPEWA TRIBAL COLLEGE

Application for Graduation

Semester: _____

Year: _____

***Note: The eligibility process must be initiated by the Second Monday of January to allow time for the student's degree audit to be completed.**

Student's Name: _____ Student No.: _____

Requested name printed on diploma: _____

Requested name printed on SCTC jacket: _____

Please determine my eligibility to graduate with the following degree: _____

Student's Mailing Address: _____

Student's height: _____ Student's Weight: _____ Email address: _____

Signature of Student: _____ Date: _____

I have reviewed the student's records and prepared the attached degree audit specifying what requirements, if any, are remaining.

Signature of Dean of Students: _____ Date: _____

I have reviewed the student's record and verify the following: file contains official transcripts, identification, high school diploma or GED, financial obligations are discharged, and the student has a cumulative gpa of 2.0 or higher.

Signature of Registrar: _____ Date: _____

I certify the student is eligible to participate in the commencement ceremony.

Signature of Dean of Students: _____ Date: _____

I have reviewed the student's records and prepared the attached final degree audit specifying that all courses needed for graduation have been satisfactorily completed, all incompletes or failures in required curricula have been made up, at least thirty credit hours were completed at SCTC.

Signature of Dean of Students: _____ Date: _____

I approve the release of the student's diploma.

Signature of Dean of Students: _____ Date: _____

The student's diploma was mailed on the following date:

Signature of Registrar: _____ Date: _____