



# 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. Once the application is approved, your student account will be charged a one-time \$75.00 graduation fee.**

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: \_\_\_\_\_