

GRADUATION APPLICATION



Name: _____ Student ID: _____
Last First M.I

Please print your legal name exactly as you wish it to appear on your diploma:

Mailing Address: _____
Street City State Zip

Phone: _____ CBC Email: _____

Are you a member of Phi Theta Kappa (PTK) Honor Society? Yes No

CBC may issue a high school diploma when required criteria are met per State of Washington SHB 1758:

- Have you ever received a high school diploma? Yes No
- Are you currently in the process of earning a high school diploma from your high school? Yes No
- Are you requesting CBC to award you a Washington state high school diploma? Yes No

Degree(choose one): AA Degree BAS Degree BSN Degree AS-T Degree AAS Degree Certificate

Catalog Year: _____ Quarter/Year of Completion: Fall___ Winter___ Spring___ Summer___

Courses to Complete	College	Date of Completion	Courses to Complete	College	Date of Completion

I understand that I have the responsibility for ensuring that I have met all of the requirements for the degree and/or certificate for which I am applying and that the final review and award will be determined by the Registrar.

Student Signature: _____ Date: _____

I support the submission of the Graduation Application to the Registrar for final review and awarding of degree or certificate.

Advisor: _____

Print Name Signature Date

FOR OFFICIAL USE ONLY

CBC Credits: _____ GPA: _____ Transfer Credits: _____ GPA: _____ Transfer Credits: _____ GPA: _____

Approved? Yes

Honors High Honors Cum Laude Magna Cum Laude Summa Cum Laude

Approved? No

Reason for Denial: Insufficient credits for specific dept. distribution Insufficient credits for degree
 Insufficient GPA Other: _____

Registrar Signature: _____ Date: _____ Recorded: _____ Mailed/Picked Up: _____