

# GRADUATION APPLICATION

Please print or type all of the following information

Name: \_\_\_\_\_ I.D. No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip) (County)

E-Mail Address: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Name Printed on Award: \_\_\_\_\_

Indicate Level of Award being Completed:

- Certificate of Proficiency     Certificate of General Studies     Technical Certificate  
 Associate of Applied Science     Associate of General Studies     Associate of Arts  
 Associate of Arts in Teaching     Associate of Science in Business     Associate of Science

Major: \_\_\_\_\_ Catalogue Year: \_\_\_\_\_

Participating in Graduation Ceremony?  
 Yes     No

Graduation Gown Size (by height):  
 4'10" - 5'0"     5'1" - 5'3"     5'4" - 5'6"  
 5'7" - 5'9"     5'10" - 6'0"     6'1" - 6'3"  
 6'4" - 6'6"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

## ADVISOR'S SECTION

Completion Period:     Fall     Spring     Intersession     Summer I     Summer II    Year: \_\_\_\_\_

Course No./Title	Office Use	Course No./Title	Office Use

Note: All course substitutions must be listed on Plan of Study & approved by the appropriate division chair. A completed Plan of Study must be submitted with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Advisor)

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Registrar's Office)

Registrar's Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7567 | www.uacccm.edu

