BIG BEND COMMUNITY COLLEGE
APPLICATION FOR GRADUATION

Name: ___________________________           Student ID Number: ________________________

Final Quarter: ___________ 20___           Advisor Name: ________________________________

Choose one of the following options. All degrees require a separate application, except the high school diploma. You may apply for a high school diploma in addition to any Associate degree. Speak to a counselor for more information.

Degree: □ Associate in Arts & Science DTA
 □ Associate in Business DTA/MRP
 □ Associate in Pre-Nursing DTA/MRP
 □ Associate in Science-Transfer Circle pre-major choice
   Biology  Chemistry  Computer Science  Engineering  Physics
 □ Associate in Applied Science – Professional/Technical Program Plan must be completed, signed by your advisor and attached
 □ Associate in General Studies
 □ High School Diploma

PRINT YOUR NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

Name: First                      Middle                      Last

PERMANENT MAILING ADDRESS at which mail will always reach you following graduation. This is the address where your diploma will be mailed. Diploma will be mailed approximately 10 weeks after the end of the quarter.

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E-mail Address: _____________________________ Phone: (___) __________

Signature: ___________________________ Date: ____________

RETURN TO THE ADMISSIONS/REGISTRATION OFFICE IN BLDG 1400
7662 CHANUTE ST NE – MOSES LAKE WA 98837 - FAX 509-762-6243