



## Application for Graduation

Faribault Campus  
1225 Third Street SW  
Faribault, MN 55021  
507-332-5805  
1-800-422-0391  
Fax: 507-332-5888

North Mankato Campus  
1920 Lee Blvd.  
North Mankato, MN 56003  
507-389-7220  
1-800-722-9359  
Fax: 507-389-7419

email: registrar@southcentral.edu

### **Application Directions - Please Print**

1. Complete the graduation application during the term that precedes the term of graduation.
2. Review progress on your DARS or degree audit with program advisor to determine courses needed to be taken during the last term of enrollment to meet graduation requirements.
3. Program Advisor must sign the application. If clarifying documents or exception forms are needed, please attach.
4. Submit graduation application by published deadline to receive priority registration status for final term.
5. If you are applying to graduate with multiple awards within a semester, one application is sufficient.

### **All information is required prior to processing.**

I plan to graduate from the following campus:  Faribault  North Mankato

Student or STAR ID Number \_\_\_\_\_

Name \_\_\_\_\_  
(Print your name **as you wish it to appear on your diploma, degree, or certificate.**)

Address \_\_\_\_\_  
(**Where diploma, degree, or certificate is to be mailed**-This will be mailed **approximately** 8-10 weeks after graduation.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hometown to be printed in commencement program: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I plan to graduate at the end of:

Fall - Year \_\_\_\_\_  Spring - Year \_\_\_\_\_  Summer - Year \_\_\_\_\_

I plan to receive:

Associate in Arts (AA)  Associate in Applied Science (AAS)  Associate in Science (AS)  
 Diploma  Certificate  MN Transfer Curriculum (MnTC)

Program: \_\_\_\_\_

Does your degree audit include all needed transfer work?

I have no transfer work.  All of my transfer work is complete.

Pending-please list any transfer work not included on your degree audit

Institution Name: \_\_\_\_\_ Semester attended: \_\_\_\_\_

I plan on continuing my education at SCC after graduation.  Yes  No

If yes, what program do you plan on continuing in? \_\_\_\_\_  
 AA  AAS  AS  
 DIP  CERT

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

*I have reviewed the student's completed program plan and verify that based on successful completion of the remaining requirements, this student will be eligible for graduation.*

I have attached:  Tracking Sheet  Request for Exception Form(s)  No Additional attachments needed.

Signature of Program Advisor \_\_\_\_\_ Date \_\_\_\_\_

## **CONFIDENTIAL INFORMATION**

South Central College is asking you to provide private information in order to process your graduation application. This information will be used to update your academic record. You are not legally required to provide this information; however, the college may not be able to effectively process your request if you do not provide sufficient information. Access to this information will be limited to school officials, including faculty who have legitimate educational interests in this information. Under certain circumstances, federal and state laws authorize release of private information without your consent; to other schools in which you seek or intend to enroll, or are enrolled; to federal, state, or local officials for purposes of program compliance, audit or evaluation; as appropriate in connection with your application for, or receipt of financial aid; if the information is sought with a court order or subpoena; or as otherwise permitted by other state or federal law.

# South Central College

## GRADUATION FOLLOW UP SURVEY

Name \_\_\_\_\_

Student ID \_\_\_\_\_ Major \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Graduation Date \_\_\_\_\_

### Do you plan to continue your education?

Yes  No

If Yes, Where \_\_\_\_\_

Address \_\_\_\_\_

Date Accepted \_\_\_\_\_

To obtain:

Diploma  A.S.  A.A.

A.A.S.  Bachelor's

### Have you started, accepted, or continued employment (including self-employment, Peace Corp, military, or religious mission) since graduation?

Yes  No

If Yes, Indicate in which group you prefer to be included.

Work  Education  Not Applicable

Internal Use: Return to Candy Laven  
SCC Placement Center

### If presently employed:

Employer/Firm Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Wages/hr \_\_\_\_\_

Job Title or Duties \_\_\_\_\_

Full-Time  Part-Time

Related to Training

Somewhat Related to Training

Unrelated to Training

### When did you start looking for a job? (Includes interviewing, submitting resumes, etc.)

Before my last year

Two semesters before graduation

One semester before graduation

Immediately after graduation

Remained at previous employer

### If not employed or your job is NOT related to training, are you seeking a job related to your program?

Yes  No  Not Applicable

### If not employed, are you

Actively seeking employment?

Not actively seeking employment?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_