

Application for Graduation



Application Directions:

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. If you are applying to graduate with multiple awards within a semester, one application is sufficient.
4. **Once completed**, please save and submit to SCC via email, mail or fax. Our contact information is below.

Email: lisa.melchior@southcentral.edu

FARIBAULT CAMPUS: 1225 Third Street SW | Faribault, MN 55021 | Local: 507-332-5800 | Toll Free: 800-422-0391 | Fax: 507-332-5888

NORTH MANKATO CAMPUS: 1920 Lee Boulevard | North Mankato, MN 56003 | Local: 507-389-7200 | Toll Free: 800-722-9359 | Fax: 507 389-9152

ALL INFORMATION IS REQUIRED PRIOR TO PROCESSING.

Student or STAR ID: _____

On the line below, **please print your name as you would like it to appear on your diploma**. Stylistic examples are as follows:

<i>Samantha Smythe</i>	<i>Samantha Ariel Smythe</i>	<i>Samantha Ariel Smythe-Johnson</i>
<i>Sam Smythe</i>	<i>Samuel A. Smythe</i>	<i>Samuel Aaron Smythe IV</i>
<i>Samuel Aaron Smythe, Jr.</i>		

Name: _____

Diplomas are mailed approximately 8 to 10 weeks after graduation. **What address would you like it mailed to?**

Address _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email Address: _____

Hometown to be printed in commencement program: _____

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

I plan to graduate at the end of the following Term: Fall Spring Summer **YEAR:** _____

I plan to receive: Associate in Arts (AA) Associate in Applied Science (AAS) Associate in Science (AS)

Diploma Certificate

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

By entering my name below, I certify that the above information is correct.

Student Signature _____ Date _____

CONFIDENTIAL INFORMATION

South Central College is asking you to provide private information in order to process your registration form. 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,
a member of the Minnesota State system

An affirmative action, equal opportunity employer and educator. This document is available in alternative formats to individuals with disabilities, consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.