



Fort Peck Community College
Office of the Registrar

Advisor Name (print) _____

APPLICATION FOR CERTIFICATE, ASSOCIATE OR ASSOCIATE OF APPLIED SCIENCE DEGREE

All applications for graduation must be on file with the Registrar no later than the end of the third week of the semester of completion. Applications are valid only for the year (summer through spring) in which they are submitted.

To Be Completed by the Student
Please Type or Print in Ink

Attending Ceremony? Yes
Year _____ No

Print Name (as you wish for it to appear on your diploma)				Student ID#	
Type of Degree: Certificate <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Science <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/>					
Semester of Graduation: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>		Year of Graduation		Catalog Year	
Degree Program			2 nd Degree (additional application required)		
Mailing Address	Street	City	State	Zip	Phone
Diploma Address	Street	City	State	Zip	Phone
Cap & Gown Order Information		Height _____		Weight _____	

Student Signature _____ DATE: _____

To Be Completed by the Registrar:

Total Institutional Earned Credits	_____	General Ed/Related Instruction Complete	<input type="checkbox"/>
Total Transfer Earned Credits	_____	Major Requirements Complete	<input type="checkbox"/>
Total Incomplete Credits	_____	GPA Requirements Met	<input type="checkbox"/>
Total Credits Currently Enrolled	_____		
Total Required Credits	<div style="border: 1px solid black; width: 100px; height: 30px; display: inline-block;"></div>		