



Application for Graduation

Complete form and return to:
Columbia College, Admissions & Records
11600 Columbia College Drive
Sonora, CA 95370
Fax (209) 588-5337

FOR OFFICE USE ONLY	
Grad GPA _____	SREP <input type="checkbox"/>
With Honors _____	Appt Date _____
With Distinction _____	Appt Time _____
SACP _____	Other degree/cert _____
SGRD _____	_____
UACF _____	_____
Counselor Signature (required): _____	

Student ID# _____ Birth Date _____ Semester degree **will** be completed (see catalog for deadline dates)

I wish my name to **appear** on my diploma as follows:

Last Name

First

Middle

Please indicate your choice of degree:

ASSOCIATE IN ARTS ASSOCIATE IN SCIENCE ASSOCIATE IN SCIENCE (Occupational Education)

Catalog year I am following: _____ Major _____

Title of major exactly as it appears in the catalog

- IGETC
- CSU
- Customized

My mailing address is: _____
Street Address / P.O. Box City State Zip Code

Columbia College student e-mail address: _____ Phone (_____) _____
Area Code

Do you plan to transfer to a four-year university? Yes No

If yes, which university?

_____ University of California _____ Campus
_____ California State University _____ Campus

I authorize Columbia College to print my name in the commencement program and to release my name to local newspapers.
 Yes No

In order to have this graduation application evaluated, I understand it is MY RESPONSIBILITY to have official transcripts from ALL colleges on file at Columbia College. I certify that the information contained in this application is true and accurate to the best of my knowledge.

Using other transcript—please list (including College Board AP scores, DD 214): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Preliminary Evaluation _____	Final Evaluation _____
General Letter Mailed/OTC _____	Date Completed _____
Graduation Info Mailed/OTC _____	Final Letter Mailed _____
Memo _____	Graduation GPA _____
_____	Eligible _____
_____	Ineligible _____