REQUEST FOR GRADUATION FORM

The annual commencement ceremony at Jarvis Christian College is held each May. The transcript and diploma indicate the date the degree was conferred. Candidates completing degree requirement at the close of the spring semester are expected to participate in commencement exercises. Candidates who complete the degree requirements at the close of the fall semester have the date of the last day of the semester on their diploma and transcript. Candidates who complete the degree requirements at the end of a summer session have August 31st on their diploma and transcript. Students may participate in the commencement ceremony the following May, if their degree is conferred at the end of a fall semester or summer session. A nominal fee is charged for graduation in absentia. Participation in commencement exercises does not guarantee the conferring of a degree.

Please PRINT your name EXACTLY as you wish to have it appear on your diploma

________________________________________________________________________
(Ex. John Michael Smith)
***Your name will appear on the diploma exactly as printed above.

JCC ID#______________________________

( ) I am applying for graduation December _______ ( ) I am applying for graduation in May _______
(Year) (Year)

( ) Bachelor of Arts degree ( ) Bachelor of Business Administration degree
( ) Bachelor of Science degree ( ) Bachelor of Science degree
(Texas Public School certification)

Major: ________________________________ Minor: ________________________________

Are you military? ( )Yes ( )No (e.g. Active Duty, Veteran, Spouse, Dependent)

E-mail Address: ________________________________
Phone #: ________________________________ / _____ / _______

Permanent Mailing address 

City State Zip Code
( ) I plan to participate in commencement activities and may be contacted at the address below.
( ) I DO NOT plan to participate in commencement activities, but I may be contacted at the address below.

( ) Residence Hall (Indicate your residence hall, room, and phone number below.)

____________________________________ / room #: __________________ / phone #: ______________

City & State to appear in the Commencement Program: __________________________

*The information I have provided on this form is true to the best of my knowledge. I understand that if I change plans and will not graduate as specified on this form, I will notify the Registrar’s Office as soon as possible.*

__________________________________  __________________________
Student’s Signature                    Date

__________________________________  __________________________
Advisor’s Signature                   Date

__________________________________  __________________________
Lead Professor’s Signature            Date

__________________________________  __________________________
Division Chair’s Signature            Date

__________________________________  __________________________
VP/Provost Signature                  Date

**Graduation Fee:** Graduating seniors are required to pay a fee of **$50.00** for expenses connected with commencement exercises. The **$50.00** covers expenses for your cap, gown and diploma. These items will not be ordered until the fee has been paid at the Cashier’s Window and the receipt shown to personnel in the Office of the Registrar. We will take your measurements for your cap and gown at that time. The fee is due before the form can be turned in at the Registrar’s Office.
STRATEGIC AREA CLEARANCE FOR GRADUATION

Graduating Senior

Name: ___________________________________________________  ID #: _______________

_________________________________________________________

Business Office (Emma B. Smith Administration Building, Room 103)
Status of Student Accounts Receivable

The Business Office certifies that the candidate owes an amount of $ ________________

[ ] The candidate will not receive a transcript or diploma until this amount is paid in full.

[ ] The candidate is clear to receive a transcript and a diploma.

Signed: __________________________________________  Date: _________________

________________________________________________________

Financial Aid Office (Emma B. Smith Administration Building, Room 104)

[ ] The Financial Aid Office certifies that the candidate has met all pending contractual obligations and has satisfied exit stipulations.

[ ] The candidate has not met obligations regarding exit stipulations.

Signed: __________________________________________  Date: _________________

________________________________________________________

Default Prevention (Emma B. Smith Administration Building, Room 103)

[ ] The Federal Collections Office certifies that the candidate had the required exit interview and has satisfied requirements.

Signed: __________________________________________  Date: _________________

________________________________________________________

Office of the Registrar
Date Returned: ________________