

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 N	Michael Smith)		
***Your name will appear on th	e diploma exactly as p	orinted 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 So	chool certificat	tion)
() Associate of Arts degree			
Major:	Minor:		
Are you military? ()Yes ()No (e.g. Active	Duty, Veteran, Spou	se, Dependent	t)
E-mail Address:			
Phone #:		1	,
Permanent Mailing address	City	/ State	Zip Code

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: _____

() I plan to participate in commencement activities at () I DO NOT plan to participate in commencement address permanent address on the front page.	•	
() Residence Hall (Indicate your residence hall, room	n, and phone number below.)	
/ room #:	/ phone #:	
City & State to appear in the Commencement Program	n:	
The information I have provided on this form is true to the best of and will not graduate as specified on this form, I will notify the K		
Student Signature	Date	
Advisor Signature		
Department Chair/Lead Professor Signature		
Division Dean Signature	Date	
VP/Provost Signature	Date	
Graduation Fee: Graduating seniors are required to with commencement exercises. The \$50.00 covers of these items will not be ordered until the fee has be receipt shown to personnel in the Office of the Regi your cap and gown at that time. The fee is due before Office.	expenses for your cap, gown and diploma. een paid at the Cashier's Window and the strar. We will take your measurements for	

Office Use Only

Registrar Office Processed______ Date_____