

If you have questions about completing this form, please call 361-698-1248. Please submit the completed form to the Office of the Registrar, Del Mar College, in the Harvin Center–Room 270, or at the Coleman Center–Room 128.



Graduation Application

Name (please print): _____ Phone: _____

Student ID or Date of Birth

Semester and year you completed or will complete your program
 Fall Spring Summer Year: 20_____

Mailing address for diploma: _____
Street Address

City State Zip

If the above address is different than your webDMC, this form will act as a change of address for your *mailing* address only

Please select the appropriate choice below:

- I have completed all the program requirements (or am enrolled in my final semester) for an award.
- I have attended a four year institution and will have my credits transferred (Reverse Credit Transfer).

INDICATE THE MAJOR CODE AND AWARD LEVEL FOR WHICH THE REQUIREMENTS HAVE BEEN MET USE A SEPARATE LINE FOR EACH AWARD	
Major Code	Award Level
Ex: BUAD, CRIJ, LIBA, OTA	Ex: AA, AS, AAT, AAS, CER, MSA

IMPORTANT

- All email correspondence will be sent to your webDMC email account.
- By submitting this form, I understand participation in commencement does not ensure graduation from Del Mar College.
- Successful completion of program requirements is required for graduation from Del Mar College.
- Evaluation of requirements will begin after final grades are posted for the term.
- Students must have an accumulative GPA of 2.0 in order to graduate.
- If requirements are met, you will receive your diploma 6 – 8 weeks after commencement.

I will I will not Participate in the Commencement Ceremony
 I do I do not Want my name in printed materials for commencement

Initial & check all that apply

	I require special accommodations during the ceremony. (You will be contacted by our office with further instructions.)
	I am member of the US Armed Forces. <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran Which Branch: _____
	I am a member of one or more of the following: <input type="checkbox"/> Phi Theta Kappa <input type="checkbox"/> Alpha Beta Gamma <input type="checkbox"/> Sigma Alpha Pi <input type="checkbox"/> Viking Volunteer

Signature: _____ Date: _____

Once submitted, email all changes to graduation@delmar.edu.
 Please ensure that all transcripts from other schools arrive to the Student Enrollment Center before the end of the term to be considered.

Office Use Only

PERC _____ Mailing Address Changed _____ SACP _____ SGRD _____ Date Entered _____ Tech Initials _____