Graduation Application

Name (please print): ___________________________________________ Phone: ____________________

Student ID or Date of Birth: Select the semester and year you are completing your requirements for graduation. Please be aware conferring of degrees happens for Fall, Spring and Summer. Commencement ceremonies are only in Fall and Spring. Summer applicants have the option to walk in the Fall Ceremony.

☐ Fall ☐ Spring ☐ Summer Year: 20 _____

Mailing address for diploma: ___________________________________________ Street Address ___________________________________________

City State Zip

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

* * Graduation application packets must include your application with a system generated academic evaluation for each credential you are applying for signed by your academic advisor. * *

Please select the appropriate choice below:

☐ I am requesting to walk the stage having previously received my degree. Email: _______________

☐ 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

<table>
<thead>
<tr>
<th>Major Code</th>
<th>Award Level</th>
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<tbody>
<tr>
<td>Ex: BUAD, CRJ, LIBA, OTA</td>
<td>Ex: AA, AS, AAT, AAS, CER1,CER2,OSA</td>
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☐ I will ☐ I will not Participate in the Commencement Ceremony. By selecting "I will", you are requesting to participate in the ceremony, whether in person or virtual. Summer applicants you are requesting to participate in the Fall ceremony, whether in person or virtual.

☐ I do ☐ I do not Want my name in printed materials for commencement.

☐ I do ☐ I do not Require special accommodations for myself for the ceremony. (You’ll be contacted with instructions.)

☐ I am ☐ I am not A member of the US Armed Forces. If yes, select one: _____ Veteran _____ Active Duty

Student’s Signature: ___________________________ Date: __________________

Once submitted, email all changes by the appropriate deadlines 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.

Del Mar College is an equal opportunity/affirmative action institution.