

# APPLICATION FOR GRADUATION

Records Office  
Angelina College  
PO Box 1768  
Lufkin, TX 75902-1768  
Phone: 936-633-5211  
Fax: 936-633-3206

Name \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Telephone(\_\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_\_) \_\_\_\_\_

HOW DO YOU WANT YOUR NAME ON YOUR DIPLOMA? **PRINT CLEARLY**

WHAT DEGREE? (Circle One) Associate in Arts Associate in Applied Science  
Associate in Science Certificate of Completion

WHAT SEMESTER ARE YOU PLANNING TO GRADUATE? \_\_\_\_\_

WHAT MAJOR? \_\_\_\_\_  
See General Bulletin for specific majors.

WHICH CATALOG YEAR WILL YOU USE FOR REQUIREMENTS? \_\_\_\_\_

WILL YOU ATTEND THE CEREMONY? YES NO

IF YOU HAVE CREDITS FROM ANY OTHER COLLEGES OR UNIVERSITIES, **PLEASE LIST THE INSTITUTION(S)** \_\_\_\_\_  
ALL TRANSCRIPTS FROM THE INSTITUTIONS LISTED ABOVE, MUST BE ON FILE IN THE OFFICE OF ADMISSIONS BEFORE A GRADUATION ANALYSIS CAN BE MADE.

I understand that all financial obligations and holds must be cleared before I may be awarded my degree. I also understand that I will not be cleared for graduation until the graduation analysis and degree audit has been evaluated by the Records Office and my completion of requirements verified. I certify that the information given on this application is complete and correct.

Student Signature

Date

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For Division Use Only

Advisor Signature

Date

Division Director Signature

Date

Please Circle One:

Approved  
Denied

AA AS  
AAS Certificate

Major \_\_\_\_\_

Comments \_\_\_\_\_