Flathead Valley Community College™

Return the Application for Graduation along with your Degree Audit worksheet(s), signed by your advisor to the Registrar's office by the graduation application deadline listed for that semester on the academic calendar.

Name on Diploma: _____ _____ _____
First   Middle   Last

SS#/Student ID #: _____ Phone: _____

Semester Graduating: ☐ Fall Semester   20_____   ☐ I am a Veteran
                                      ☐ Spring Semester   20_____   I participated in Running Start
                                      ☐ Summer Semester 20_____

Address: _____ _____ _____ _____
Street   City   State   Zip

If you would like your diploma mailed to a different address, please indicate:

_____ _____ _____ _____
Street   City   State   Zip

Degree(s) applying for:
   ☐   Associate of Arts (AA)   ☐   Associate of Arts (AA) Substance Abuse Counseling
   ☐   Associate of Science (AS)
   ☐   Associate of Science Nursing (ASN)
   ☐   Associate of Applied Science (AAS) _____
                                                                              (Program)
   ☐   Certificate of Applied Science (CAS) _____
                                                                              (Program)
   ☐   Certificate of Technical Studies (CTS) _____
                                                                              (Program)

Please indicate other colleges used to fulfill degree requirements:

Do you plan to attend the commencement ceremony in the spring?

○   Yes - Please complete your cap & gown order form (no charge) at www.fvcc.edu/cap-and-gown

○   No

_____   _____
Student's Signature   Date

....

FOR OFFICE USE ONLY

☐   At least 20 semester credits earned at FVCC   ☐   Certificate requirements completed
☐   General Ed / Related Instruction   ☐   Transfer / AP / IB credits toward degree / cert.
       requirements completed   _____

Total credits earned at FVCC:_____ GPA: _____ Honors: yes ○ no ○ Student Status Updated: _____

Degree recorded date: _____ Diploma mailed date: _____

Registrar's office approval: _____ Date: _____