



# Salish Kootenai College

Enrollment Services Department

P.O. Box 70

Pablo, Montana 59855

(406) 275 - 4029

## **GRADUATION APPLICATION**

~ DUE BY MARCH 18, 2016 ~

USE SEPARATE APPLICATION FOR EACH DEGREE

### **TO BE COMPLETED BY STUDENT**

Name to be printed on Diploma \_\_\_\_\_ Student ID # \_\_\_\_\_

Mailing Address for Diploma to be sent at summer's end \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Msg. Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Governing catalog year for graduation requirements \_\_\_\_\_

Degree: CC AA AS AAS BA BS Major \_\_\_\_\_

circle one

Short Term Certification: DENTAL FLAGGING GIS INDIGENOUS RESEARCH METHODS

circle one

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### **TO BE COMPLETED BY ADVISOR**

The list of courses for Spring quarter that are needed to complete degree requirements:

Spring 20\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **ATTENTION ADVISORS:**

PLEASE ATTACH A COPY OF GRADUATION REPORT FROM ADVISING MODULE OR OLD ADVISING FORMS FROM PREVIOUS CATALOGS.

\* \* \* \*

ALL COMPLETED REQUESTS FOR COURSE SUBSTITUTIONS AND/OR WAIVERS SHOULD ALREADY BE APPROVED AND ENTERED ON STUDENTS TRANSCRIPT; IF NOT LISTED, ATTACH A COPY OF THEM.

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### **TO BE COMPLETED BY REGISTRAR**

Total Credits Earned at SKC \_\_\_\_\_ Total Credits Transferred From \_\_\_\_\_  
(Name of College) (Credits)

Credits Currently Enrolled \_\_\_\_\_ GPA \_\_\_\_\_

Recommended for Degree or Certificate \_\_\_\_\_

Not Recommended for Degree or Certificate \_\_\_\_\_

Reason: \_\_\_\_\_

Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_