

GRADUATION APPLICATION

I certify that since enrolling at Charter Oak State College, I have not received, nor am I a candidate for, this, or a similar degree at another institution.

Student Signature: **(required)** _____ Date _____

Please provide all the information requested. **(PLEASE PRINT)**

Name _____

Address _____

Day Phone _____ Eve. Phone _____ E-Mail _____

Student ID #: _____

Your Advisor's Name _____

Degree: (choose one) Associate in Arts Associate in Science Bachelor of Arts Bachelor of Science

I plan to graduate (choose one):

January 31	<input type="checkbox"/>	July 31	<input type="checkbox"/>
March 31	<input type="checkbox"/>	Sept. 30	<input type="checkbox"/>
May 31	<input type="checkbox"/>	Nov. 30	<input type="checkbox"/>

Graduation Date	Graduation Application & Graduation Survey due by:	Transcript Deadline & Graduation Fee
Jan. 31	October 31	Dec. 31
March 31	December 31	Feb. 28
May 31	February 28	April 30
July 31	April 30	June 30
Sept. 30	June 30	Aug. 31
Nov. 30	August 31	Oct. 31

I will be requesting the transcripts/score reports for my remaining credits from the following institutions and for the following courses (use back of form if necessary):

Date you expect to finish your last class or take your last exam: _____

Questions 1-5 to be answered only by students pursuing the Bachelor of Science or Bachelor of Arts degree.

1. Name of concentration: _____
2. The faculty has approved my concentration/academic autobiography: Yes No
3. If no: Yes No
My concentration/academic autobiography has been submitted and I am waiting for faculty approval:
4. If no: Yes No
I plan to submit my concentration/academic autobiography to the faculty by this date: _____
5. A revision to my concentration/academic auto. is pending faculty approval Yes No