

# 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 \_\_\_\_\_

Social Security Number \_\_\_\_\_

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 and Graduation Fee due by:	Transcript Deadline
Jan. 31	Sept. 30	Dec. 31
March 31	Nov. 30	Feb. 28
May 31	Jan. 31	April 30
July 31	Mar. 31	June 30
Sept. 30	May 31	Aug. 31
Nov. 30	July 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