



Office of Admissions/Registrar
 3800 Charco Road Beeville TX 78102
 361-354-2245 Phone 361-354-2254 Fax

For Office Use Only	
Date reviewed: _____	Qualified: Yes _____ No _____
Core Complete _____	Yes _____ No _____ Pending End of Semester _____
Capstone: Yes _____	No _____ Will take _____ N/A _____
Prelim GPA: _____	Final GPA _____
Highest _____	High _____ Honors _____
PTK _____	TSI Complete _____
Site: Bee _____	Alice _____ King _____ Pleas _____
Date diploma mailed: _____	

Graduation Application

I, _____, expect to complete the requirements for the following degree
 (Print name as desired on diploma)

during _____ Semester _____ Year: (check only one, complete a separate application for each diploma/certificate)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Associate of Arts in Teaching | <input type="checkbox"/> Associate of Science | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Marketable Skills Cert. | <input type="checkbox"/> Level I Certificate | <input type="checkbox"/> Level II Certificate | <input type="checkbox"/> Level III Enhanced Certificate |

My Major is _____ My advisor at CBC is: _____
 (Name of Major program taken at CBC)

Have you completed courses at another college? YES NO

Names of colleges: _____

Degree Plan: Please see your Advisor to review your degree plan. Both you and your Advisor must sign and date it.

CAP AND GOWN: If you plan to participate in the ceremony in May, a cap and gown must be worn unless you are required to wear a prescribed uniform. Caps and Gowns must be ordered from the Book Store before February 1 for the May ceremony. Payment will be made when the cap and gown is ordered. Invitations are also available in the Book Store.

Do you plan to participate in the May graduation ceremony? _____ YES _____ NO

Specify special accommodations needed for ceremony _____

RETURN THE GRADUATION PACKET TO: Admissions/Registrar's Office, Coastal Bend College
 3800 Charco Road, Beeville TX 78102

I give CBC permission to print my name in news releases and graduation program. _____ YES _____ NO
 (Failure to indicate will be taken as implied permission)

MAIL MY DIPLOMA TO THIS ADDRESS

Street Address/P.O. Box

City State Zip

SSN: _____

STUDENT # _____

Student Signature

Phone Number

Cell Phone

Steps for Graduation Application Process

Deadlines: Fall—October 1, Spring—February 12, Summer—June 15

Student Name _____

_____Step 1 Print Graduation Application from CBC website www.coastalbend.edu

_____Step 2 **See advisor**
Review degree plan with advisor to see if all requirements for graduation have been met.
See pages 30 and 46 in current CBC catalog for requirements.

- a) TSI complete _____Yes _____No _____ Lev 1 Cert
- b) GPA minimum of 2.0 met _____Yes _____No
- c) Substitutions (provide copies) _____Yes _____No
- d) Capstone completed _____Yes _____No _____ N/A

Primary site _____Alice _____Bee _____King _____Pleasanton

Date: _____ _____Advisor Signature _____Student Signature

_____Step 3 Visit bookstore. Purchase cap and gown if planning to participate in May ceremony by February 1.
Bookstore signature _____ Order placed ___ Yes ___ No

_____Step 4 Visit Financial Aid office for graduation clearance
Financial Aid representative signature _____ Date signed _____

_____Step 5 Clear all holds

_____Step 6 Return graduation packet to Admissions/Registrar's Office, Coastal Bend College,
3800 Charco Road, Beeville TX 78102

Packet includes: Graduation Application
Signed degree plan
A copy of this completed checklist with signatures
Substitution forms, if applicable

_____Step 7 Diplomas will be ready within four weeks of the close of each semester.
Time frame may vary due to holidays, school closing, or the short summer semesters.

Include a mailing address on the application so that your diploma can be mailed. It is your responsibility to report an address change.

IMPORTANT: You will be required to apply/reapply for the next graduation if: (1) you miss the deadline or (2) you do not meet the graduation requirements during the graduation term indicated on the graduation application.

GRADUATION COMMITTEE

I, _____, give Coastal Bend College permission to record my image
(Please print)
and grant all rights to use these images for educational, promotional, advertising or other purposes that support the mission of Coastal Bend College. I agree that all rights to the images belong to Coastal Bend College.

Signature _____ Date _____

Address _____

City, State, Zip _____

Phone () _____

Official Use Only. Please do not write below this line.

Project: _____ Used: _____

Subject: _____

Photographer: _____ Date Taken: _____