

## Graduation Application

Graduation Term  Fall  Spring  Summer      Primary Site  Alice  Beeville  Kingsville  Pleasanton

Printed Name on diploma \_\_\_\_\_

Diploma Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ CBC ID \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_

Phone Number (        ) \_\_\_\_\_ Alternate Phone Number (        ) \_\_\_\_\_

**Check degree/certificate applying for**

Associate of Arts                       Associate of Science                       Associate of Arts in Teaching

Associate of Applied Science – Major \_\_\_\_\_

Level II Certificate – Major \_\_\_\_\_

Level I Certificate – Major \_\_\_\_\_

Marketable Skills Achievement Award – Major \_\_\_\_\_

	Yes	No
Do you plan to participate in the May graduation ceremony?		
Are you a member of Phi Theta Kappa?		
Have you completed courses at another college? <b>If yes, name of colleges:</b>		
Specify special accommodations needed for ceremony. <b>If yes, explain:</b>		
I give CBC permission to print name in news releases and graduation program. <b>(Failure to indicate will be taken as implied permission)</b>		
Are you a dual credit student? <b>If yes, which high school:</b>		

**DEGREE PLAN:** Please see your advisor to review your degree plan. Your advisor must sign and date it.

**CAP & 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 can be ordered online from the Book Store or purchase in the store.

## Steps for Graduation Application Process

1. Print Graduation Application from CBC website [www.coastalbend.edu/steps\\_of\\_graduation/](http://www.coastalbend.edu/steps_of_graduation/)
2. Review degree plan with advisor to see if all requirements for graduation have been met. **(ADVISOR ONLY)**

	Yes	No	Level I	N/A
TSI complete				
GPA minimum of 2.0 met				
Substitutions (provide copies)				
Capstone completed				

\_\_\_\_\_  
Advisor Name (print)

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

\_\_\_\_\_  
Date

3. Visit Financial Aid Office for graduation clearance.

	Signature/Date	Yes	No
Financial Aid			

4. Clear all holds.

Offices	Signature/Date	Yes	No
Business			
Library			
Student Success Center Equipment			

5. 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/EDUC Wavier, if applicable

6. Include a mailing address on the application so that your diploma can be mailed. It is your responsibility to report an address change. **All correspondence regarding graduation will be sent through CBC e-mail.**

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# MARKETING RELEASE FORM

I, \_\_\_\_\_, **give Coastal Bend College permission** to use my name, image and likeness in photos/video and grant all rights to use these images for educational, promotional, advertising or other purposes that support the mission of Coastal Bend College in various forms of media, including but not limited to print, digital, radio, and television. I agree that all rights to the images belong to Coastal Bend College and I will not be compensated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, **do not consent** to my image, name or likeness being used by Coastal Bend College for educational or promotional purposes that support the mission of Coastal Bend College. By submitting this form, your image, likeness and name will be excluded from all digital, printed and online brochures, event programs, marketing, advertising, press releases, and other promotional materials.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_