

PENSACOLA STATE COLLEGE
Graduation Application

Student Number _____ **LEGAL NAME** (Last _____ First _____ Middle _____)

Mailing Address (Number, Street, Apt Number _____ City _____ State _____ Zip Code _____)

Contact Information Primary Telephone Number _____ Alternate Telephone Number _____ Pirate Mail Address _____
@students.pensacolastate.edu

PROGRAM OF STUDY
Indicate title of program here →

- CHECK APPROPRIATE DIPLOMA TYPE FOR YOUR PROGRAM OF STUDY**
- | | | |
|--|--|---|
| <input type="checkbox"/> Associate in Arts Degree | <input type="checkbox"/> Vocational Credit Certificate | <input type="checkbox"/> Applied Technical Diploma |
| <input type="checkbox"/> Associate in Science Degree | <input type="checkbox"/> Institutional Certificate (EPI) | <input type="checkbox"/> Advanced Technical Certificate |
| <input type="checkbox"/> Associate in Applied Science Degree | <input type="checkbox"/> College Credit Certificate | <input type="checkbox"/> Collegiate High School Diploma* |
| <input type="checkbox"/> Baccalaureate Degree | | *The diploma will not be awarded until the exit exam is passed. |

CHECK THE TERM YOU PLAN TO COMPLETE YOUR FINAL COURSE(S) FOR GRADUATION REQUIREMENTS. *The College does not offer a commencement ceremony at the end of the Summer Term. Summer graduates are encouraged to participate in the Spring Ceremony or the Fall Ceremony.*

- | | |
|--|--|
| <input type="checkbox"/> Fall Term (August-December) | <input type="checkbox"/> Spring Term (January-May) |
| <input type="checkbox"/> Summer Term (May-August) | |

List your membership in any student organization and, if applicable, the campus chapter of the organization. For example: "Phi Theta Kappa, Pensacola Campus" →

Do you permit Pensacola State College to print your name in the commencement program and any other publicized listing of graduates? YES NO

TAKE A MOMENT TO HELP US WITH OUR RECORDKEEPING RESPONSIBILITIES BY ANSWERING THESE QUESTIONS:

Are you continuing your postsecondary education? Yes No
If yes: Name of college/university _____
Your intended major at that college/university _____

Are you entering the military (full-time active duty)? Yes No
If yes: Branch of military _____

Are you presently employed in a job related to your training and will you continue that same job after you complete your program of study at Pensacola State College **OR** have you accepted employment related to your training and will you work in that job after you complete your program of study at Pensacola State College? Yes No
If yes: Occupation _____
Employer's name and address _____
Supervisor's name and telephone number _____

NOTE: If you do not graduate at the end of the term indicated on this Graduation Application, you must reapply for the term you anticipate meeting graduation requirements. Questions regarding your remaining requirements should be directed to an academic advisor.

STUDENT SIGNATURE _____ **DATE** _____