

BROOKHAVEN COLLEGE

APPLICATION FOR GRADUATION

FOR OFFICE USE ONLY

- AA AS
- AAT: _____
- AA-FOS: _____
- AS-FOS: _____
- AA-EMPHASIS: _____
- AS-EMPHASIS: _____
- AS APPLIED: _____
- CERTIFICATE: _____
- HONORS PTK

Student ID #: _____

Print exactly as you wish your name to appear on your diploma:

Last First Middle

Maiden or Other Names: _____

Address: _____

Street Apt. #

City State Zip Code

Telephone Numbers: Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

STUDENT STATUS:

- DCCCD hours only
- Attended other College or University
- Phi Theta Kappa (PTK)

DEGREE OR CERTIFICATE TYPE: (CHECK ONLY ONE APPROPRIATE BOX)

- Associate in Arts – General Associate in Arts (Field of Study): _____
- Associate in Science – General Associate in Science (Field of Study): _____
- Associate in Arts in Teaching: _____
- Associate in Arts with an Emphasis: _____
- Associate in Science with an Emphasis: _____
- Associate in Applied Science (Specify Academic Program): _____
- Certificate (Specify Academic Program): _____
- Skills Achievement (Specify Academic Program): _____

CATALOG YEAR: If you do not indicate a catalog year, the current catalog year will be used. Your program requirements must be completed within five years of the effective date of the catalog year chosen: _____/_____

The DCCCD reserves the right to make changes to Degree Plans at any time to reflect Board Policies, Administrative, State and Federal Regulations.

Have you previously applied for graduation at Brookhaven: Yes No

If Yes, give the semester/year _____ Name of degree earned (if any) _____

Expected date of graduation: _____

List ALL Colleges attended OUTSIDE the DCCCD:

OFFICIAL transcripts from each institution attended must be on file in the Registrar's Office for this request to be processed.

Colleges OUTSIDE the DCCCD	State	Dates of Attendance	Transcripts are on file at which DCCCD College?
			<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC
			<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC
			<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC
			<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC

Student Signature: _____

Date: _____