

(To be completed and returned to the Registration and Records Office by the 2nd week of your final term.)

STUDENT USE ONLY

TO BE COMPLETED BY STUDENT: (PRINT full legal name to appear on your award.)

Student ID Number _____

Name _____
FIRST MIDDLE LAST

Soc. Sec. No. _____ Phone (day): _____ (evening) _____

Address _____
STREET CITY STATE ZIP

Email _____

NOTE: If you are not attending the graduation ceremony, your award will be mailed to this address within one month following graduation.

I plan to attend the graduation ceremony.
 Height: _____ feet _____ inches Weight: _____

I do not plan to attend the graduation ceremony.

Graduation Fee: All students are required to pay a nonrefundable graduation fee. _____ Date Paid _____

Cashier Initials

Award: Associate of Applied Science Degree Associate of Arts Degree
 Associate of Science Degree Diploma Certificate

Program: _____

Degree Focus: _____
(Degree focus is not printed on the award.)

Expected Completion Date of all requirements for the above: _____ / _____
QUARTER YEAR

Hometown: _____ (This will be listed in the graduation program as your hometown.)

Newspaper for graduation press release: _____

(Please provide address of out-of-state newspapers) _____

Personally identifiable information contained in student records from graduates will be released to the Coordinating Commission for Postsecondary Education, a state educational authority. The Coordinating Commission has designated the Nebraska Department of Labor/Unemployment Insurance division as its authorized representative, pursuant to 34 CFR 99.31 and 99.35, for purposes of compliance with the Workforce Investment Act (WIA) (29 U.S.C. 1801 et seq.), a federal law requiring institutions to report employment outcome data for graduates and completers. Released personally unidentifiable information from student records will be protected in a manner that does not permit personal identification of individuals by anyone except by designated officials of the agencies described above. Such information will be destroyed when no longer needed for purposes of WIA compliance.

Students must have a high school diploma or equivalent to receive an Associate degree, Diploma, or Certificate from SCC.
 High School graduation date: _____ / _____ or GED completion date: _____ / _____
MONTH YEAR MONTH YEAR

I hereby certify that the above information is true.

Student's Signature: _____ Date: _____ / _____ / _____

ADVISOR/PROGRAM USE ONLY

TO BE COMPLETED BY STUDENT'S ADVISOR AND APPROVED BY THE PROGRAM CHAIR:
 ✓ PLEASE NOTE: Year of Catalog under which student meets graduation requirements: _____
This student will be eligible for the award upon successful completion of the current term.

Advisor/Program Chair Signature: _____ Date: _____ / _____ / _____

HOLDS:	AWARD:	REGISTRAR'S CERTIFICATION:
LRC _____	Mailed	Hours Earned _____
Tuition _____	Date: _____	Hours in Progress _____
Grad Fee _____	Picked Up	Hours Incomplete _____
Other _____	Date: _____	GPA _____
		Honors _____