Galveston College
APPLICATION FOR GRADUATION

General Information

- ✓ Graduation applications are accepted for Fall, Spring, Summer I and Summer II sessions.
- ✓ One application is required for each degree/certificate.
- ✓ Commencement ceremony is held annually at the end of each Spring semester.
- ✓ Cap and Gown regalia are required for participation in commencement and can be purchased in the Galveston College bookstore.
- ✓ Diplomas will be ready for pick up 30 days after the session ends in the Office of Admissions.

Graduation Requirements

- ✓ Students must have a cumulative GPA of 2.0 to graduate from Galveston College.
- ✓ Students must complete the last 18 credits in residence at Galveston College.
- ✓ Students must resolve all incomplete degree requirements no later than 30 days after the session ends.

Instructions

- ✓ Meet with a Counselor/Faculty Advisor in the semester prior to graduation.
- ✓ Submit the Application for Graduation by the published deadline.
- ✓ Submit all official transcripts from other colleges and universities, if transfer courses are required for graduation.

NOTE

- ✓ Students who wish to enroll in additional courses after completing a degree program are required to submit a Change of Program form to the Office of Admissions signed by a Counselor/Faculty Advisor.
- ✓ The Office of Admissions will provide the student with a degree status update. For additional information, please contact the Office of Admissions at 409-944-1230.

Please complete the following information:

Semester of Graduation: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II 20_____

Student Name: _____ Student ID or SS #:_____ DOB: _____

Name for Diploma: _____
First Name Middle Name Last Name

Mailing Address: _____
Street/P.O. Box # City State Zip Code

Contact Telephone: _____ Email Address: _____

Degree/Certificate (circle): ☐ AA ☐ AAS ☐ AS ☐ Certificate

Program of Study: _____

Do you plan to attend the Spring Commencement Ceremony: ☐ **Yes** ☐ **No**
(Additional information will be available on www.gc.edu/graduation and sent to your mailing address)

Student Signature: _____ Date: _____

Counselor/Faculty Advisor:_____ Date: _____

(For Office Use Only)

Date Application Posted: _____ **Staff Verification Initials:** _____

Graduation Date: _____ ***Notes:*** _____