GRADUATION APPLICATION

SJR State College graduation ceremonies are conducted at the end of each fall and spring term. All candidates are encouraged to participate. Recipients of degrees and certificates in the previous or future summer semesters may participate in either the fall or spring graduation exercise. Diplomas will be mailed to the address listed below. Please submit completed forms to the Administration/Records Office.

NOTE: PLEASE PRINT your name below, exactly as you would like it to appear on your diploma.

First Name ___________________________________________ Middle Name ______________________________ Last Name ___________________________________________

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

A telephone number where I can be reached between 8:00 a.m. and 5:00 p.m.: (______ ) _________

I have completed all degree requirements or will complete them by the following term for which I am applying to graduate:

☐ Fall Term ☐ Spring Term ☐ Summer Term 20____.

Please check only one per application:

☐ Associate in Arts
☐ Bachelor of Science or Bachelor of Applied Science in _____________________________ Program # ______
☐ Associate in Science in _____________________________ Program # ______
☐ College Credit Certificate in _____________________________ Program # ______

☐ I am requesting to graduate from the same catalog year as my A.S. degree.
☐ I am requesting to graduate under the current catalog year.

I plan to participate in the following ceremony and understand I need to purchase a cap and gown:

(Caps and gowns may be purchased at any SJR State bookstore by the deadline indicated on the academic calendar)

Choose One:

☐ Fall ________ ☐ Spring ________ ☐ I do not plan to participate in a graduation ceremony.

I hereby grant permission for St. Johns River State College to release my name as a prospective graduate and/or as a graduate and if I am an honor student, to so indicate in any way which the college may deem appropriate. Additionally, my signature indicates that I am applying to graduate from the program noted above.

________________________________________________           ___________________       ______________________
Signature of Student                                     Student ID Number           Date

DUPLICATE DIPLOMA ORDER (FEE: $40 FOR EACH DUPLICATE DIPLOMA)

☐ I request a duplicate diploma for the degree or certificate indicated on this application
☐ I request a duplicate diploma for a degree or certificate previously earned:

Term: ________ Program: __________________________

SJR STATE COLLEGE NON-DISCRIMINATION STATEMENT St. Johns River State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Title IX Coordinator/Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.