



## 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

---

Mailing Address City State Zip

**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.

If you plan to participate in the commencement ceremony you must purchase a cap and gown (black) from the SJR State bookstore by the deadline indicated on the academic calendar (students who order a cap and gown will be notified in writing prior to the ceremony with participant instructions):

I have purchased a cap and gown from the SJRState Bookstore for the following ceremony:

- 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.