North Central Missouri College

1301 Main Street
Trenton MO 64683
(660) 359-3948

Application for Graduation

1. Complete and return application to Cashier.
2. Graduation fee of $55.00 is non-refundable. (Each additional certificate or degree applied for in the same graduation year will be $40.00.)
3. Application deadline for the current academic year is October 1 for December completers and March 1 for May or July completers.
4. Participation in the graduation ceremony is required. Non-attendance must be approved in advance by the Dean of Student Services. A cap and gown will not be ordered for students who will not attend.
5. Application for graduation is valid for 12 months only. Students not completing within 12 months will be required to re-apply and pay another fee to complete at a later date.

LEGAL NAME:_____
(please print) (Last) (First) (Middle)
Diploma will be mailed to:
ADDRESS:_____
(Street or Box) (City) (State) (Zip)

PHONE NO. _____ **SOCIAL SECURITY NO**._____

FOR GOWN SIZE (Check below): **STUDENT ID NO**._____

GENDER:
___MALE
___FEMALE

WEIGHT:
___0-100 lbs.
___101-200
___201-250
___251-300 lbs.
___301-350
___351 lbs. & over

ACTUAL HEIGHT (ft,inches):
_____

WILL NOT ATTEND CEREMONY_____ (If checked, no cap and gown will be ordered. Please see Dean of Student Services for prior approval.)

DEGREE/CERTIFICATE :
_____ Associate in Arts (ETS test)
_____ Associate in Arts in Teaching (ETS test)
_____ Associate in Applied Science (Work keys test)
Program:_____
Emphasis:_____
_____ Associate in General Studies (ETS test)
_____ Certificate(Work keys test)
Program:_____
(Nursing graduates do not take ETS or Work Keys testing)

REQUIREMENTS WILL BE MET: (month, year)
_____, _____
(month) (year)

Payment Information:

Graduation fees must be submitted with application.

Diploma and official transcripts will not be Released if student has outstanding fees due NCMC.

_____ _____ __
Student Signature **Date**

ADVISOR: I have verified that this is the correct degree/certificate and the requirements will be met at the time shown above.
Advisor Signature: _____ Date:_____

For Office Use Only

Exit Test _____
Courses Completed _____
Date Degree Posted _____

Cumulative GPA _____
Date Diploma Mailed _____
Date Diploma Given _____