

PACIFICTECH

PACIFIC COLLEGE OF TECHNOLOGY

GRADUATION APPLICATION FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____

Student ID: _____ Phone Number: _____

Date of Birth: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Degree Program: _____ Major: _____

How I want my name on my diploma: _____

GRADUATION CEREMONY INFORMATION

Will you attend the graduation ceremony? Yes _____ No _____

Number of Guests Attending (Maximum 4 Guests): _____ guests

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

GRADUATION ELIGIBILITY REVIEW

Credits Needed: _____ Transferred Credits: _____ Earned Credits from PCT: _____

Total Credits: _____ CGPA: _____

Academic Standing: _____ Satisfactory _____ Unsatisfactory _____ Not Applicable

Capstone Project: _____ Completed _____ Not Completed _____ Not Applicable

Library Balance: _____ Cleared _____ Not Cleared

School Balance: _____ Cleared _____ Not Cleared

DEPARTMENTAL APPROVALS

Director of Library Services: _____ Date: _____

Business Manager: _____ Date: _____

International Student Advisor: _____ Date: _____

Chief Academic Officer: _____ Date: _____