

COLLIN COLLEGE - ADMISSIONS & RECORDS OFFICE
PETITION FOR GRADUATION

(Print name exactly as it appears on your record at Collin)

NAME _____ CWID _____

 LAST FIRST MIDDLE NAME

MAILING ADDRESS _____ PHONE _____

 STREET APT. # CITY STATE ZIP HOME WORK

Please circle or fill in blank: BSN _____ BAT _____

AA-GENA or Field of Study _____ AS-GENS or Field of Study _____ AAT-Major _____

AAS-Major _____ Certificate-Major _____

Have you taken or are you currently taking courses at another school to transfer back for graduation? ___ Transcript Requested: _____

Are you an International Student? ___ YES ___ NO Have you contacted the ISO office? ___ YES ___ NO

EXPECTED COMPLETION DATE _____

PARTICIPATE IN GRADUATION CEREMONY IF ELIGIBLE ___ YES ___ NO INCLUDE NAME IN COMMENCEMENT PROGRAM ___ YES ___ NO

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY:

_____ TSI REQUIREMENTS SATISFIED	_____ 2.0 GPA SATISFIED	_____ CORE COMPLETE
_____ COLLIN RESIDENCY SATISFIED	_____ HONORS	_____ ALL HOLDS CLEARED HOLD _____
_____ DIRECTORY INFORMATION RELEASE	_____ PTK/PB/NT	_____ INSTITUTIONAL COURSES CHECKED

COURSES NEEDED: _____

REGISTERED COURSES: _____

_____ ALL REQUIREMENTS SATISFIED _____ REQUIREMENTS NOT COMPLETED _____ DATE STUDENT EMAILED: _____

EVALUATED BY: _____ DATE: _____

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