



Turtle Mountain Community College

Belcourt, North Dakota 58316

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Turtle Mountain Band
Of
Chippewa Indians
•
Charter Member
American Indian
Higher Education
Consortium

APPLICATION FOR GRADUATION

GRADUATION DATE: _____
Semester Year

To the candidate:

Print your name legibly and exactly as it should appear on your diploma. Check the correct diploma and curriculum with which you desire to graduate. Present application to your curricular advisor for a signature and return the complete application form to the Registrar.

NAME: _____
First Middle Last

STUDENT ID# _____ Are you walking in Graduation ___ Yes or ___ No

Type of Diploma

Curriculum

_____ Bachelor of Science	_____
_____ Bachelor of Arts	_____
_____ Associate of Arts	_____
_____ Associate of Science	_____
_____ Associate of Applied Science	_____
_____ 9 Month Certificate	_____
_____ 16 Week/3 Month Certificate	_____

To the candidate: I understand that if I do not complete my curriculum I cannot graduate.

Student Signature

Date

I agree that the above student is in the process of completing the courses (or acceptable substitutions) in the above curriculum and recommend the student to be considered for the above degree or certificate.

Advisor Signature

Date

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FOR STUDENT SERVICES USE

I certify that this student has a total number of credits of _____ in the stated curriculum and has a cumulative grade point average of _____. I recommend that this student receive the above diploma based on this information.

Registrar: _____

Diploma Granted _____ Date: _____