



APPLICATION FOR GRADUATION

I hereby apply for graduation from Western Texas College with a degree/certificate in the following degree/certificate area:

Associate of Arts

major

Associate of Arts in Teaching

major

Associate of Science

major

Associate of Applied Science

major

Certificate of Technology

major

This degree/certificate to be awarded at the end of the _____ semester/term, 20____.

PRINT your name as it should appear on your diploma:

Mailing Address
(Required)

Signature: _____

Social Security #: _____

Email address: _____

(Telephone #)

APPLICATION DEADLINES:

Fall - October 31

Spring - March 31

GRADUATION FEE: \$50.00

Will you be participating in the graduation ceremony in May?

Yes

No

Fax completed form to: 866-270-6212

OFFICE USE ONLY

Receipt # _____

Amount Paid _____

Date Paid _____