



PETITION FOR GRADUATION

PLEASE PRINT ALL INFORMATION

DATE: _____ PROPOSED GRADUATION DATE (Spring/Summer/Fall) _____

NAME: _____ STUDENT ID#: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

CONTACT PHONE: _____ OTHER PHONE: _____

MAILING ADDRESS INCLUDING CITY/ZIP CODE: (Diploma will be mailed to this Address): _____

Do Not Mail Diploma: I Will Pick Up At Ridgecrest Campus

DEGREE REQUESTED:

_____ AA-T MAJOR: _____

_____ AS-T MAJOR: _____

_____ ASSOCIATE IN ARTS MAJOR: _____

_____ ASSOCIATE IN SCIENCE MAJOR: _____

_____ CERTIFICATE OF ACHIEVEMENT MAJOR: _____

_____ JOB SKILLS CERTIFICATE MAJOR: _____

NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA:

Will You Be Attending the Commencement Ceremonies?..... Yes No

Do you plan to continue at a four-year institution?..... Yes No

If yes, please indicate the name of the institution: _____

If no, briefly describe your educational/occupational plans following graduation from Cerro Coso: _____

TRANSCRIPTS FROM ALL COLLEGES ATTENDED MUST BE IN THE ADMISSIONS & RECORDS OFFICE BEFORE A GRADUATION EVALUATION CAN BE PROCESSED.

Age: _____ Marital Status: Single Married Other _____

Number of children: _____ Grandchildren: _____

City of residence while attending Cerro Coso: _____

Years to complete degree: _____

Were you primarily a full-time (12 or more units) or part-time (less than 12 units) student?

In what state or country were you born? _____

Did you attend class on or around the campus of: Ridgecrest Bishop/Mammoth Tehachapi/Edwards Lake Isabella Online

Please check here if you were a veteran receiving Veteran's Administration benefits while attending Cerro Coso: _____

Did you receive any honors or recognition while attending Cerro Coso? (Please list): _____

Did you work while attending classes? No Part-time Full-time

Will you be willing to receive a follow-up contact in 6 months regarding your educational and/or occupational status?..... Yes No

Student Signature: _____ Date: _____