



Mail Form To:  
 Student Records/Graduation  
 P.O. Box 19000  
 Portland, OR 97280-0990

# Application for Graduation

Student Records/Graduation  
 Phone: 971-722-7100  
 Fax: 971-722-7135

Please fill out and submit this form one term in advance of your final term.  
 Be sure to include any department approved course substitution forms with your application.  
**\*Look for your graduation notification in your MyPCC email account.\***

Your name will appear on your diploma exactly as recorded at PCC.

_____	_____	_____	_____
First Name	Middle Name	Last Name	Student ID # or SSN
Other names known at PCC _____			Telephone # _____
_____		_____	
Student Signature		Date	

\*By participating in the commencement ceremony, you may be photographed or videotaped.\*

**Publish my name in the commencement program?**

YES

NO

**WHAT DEGREE/CERTIFICATE ARE YOU COMPLETING? •One request per application•**

Expected Term of Graduation \_\_\_\_\_ Catalog Year \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Associate of Arts – Oregon Transfer   | <input type="checkbox"/> Associate of Science Oregon Transfer – Business        |
| <input type="checkbox"/> Associate of Science                  | <input type="checkbox"/> Associate of General Studies                           |
| <input type="checkbox"/> Associate of Applied Science in _____ |   |
| <input type="checkbox"/> Certificate                           | <input type="checkbox"/> One Year <input type="checkbox"/> Two Year Title _____ |
| <input type="checkbox"/> Oregon Transfer Module                |   |

**COURSES YOU INTEND TO ENROLL IN THAT ARE APPLICABLE TO YOUR DEGREE:**

Please include Course Number, Title and number of credits. (Example: WR 121 - English Composition - 4 cr.)

Term _____ Year _____	Term _____ Year _____
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

**OTHER COLLEGES YOU HAVE ATTENDED**

Please list the institutions that have credits applicable to your degree or certificate.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**It is the student's responsibility to have all official transcripts on file in Student Records.**

Year _____	<b>Student Records Use Only</b>	Sequence _____
Evaluator _____	Degree/Certificate _____	
Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date _____	Term of Graduation _____	
Awarded Date _____	GPA _____	Highest Honors _____