

Telephone: (361) 354-2245 Fax: (361) 354-2254 admissions@coastalbend.edu

Graduation Application

Graduation Term Fall Spring Summ	er Primary Site	Alice l	Beeville	Kingsville	Pleasanton
Printed Name on diploma				_	
Diploma Address	City		State	Zip	
Social Security Number	CBC ID		DOB _		
Email					
Phone Number ()	Alternate Phone Number ()			
Check degree/certificate applying for					
Associate of Arts	Associate of Science		Asso	ociate of Arts is	n Teaching
Associate of Applied Science – Major _					
Level II Certificate – Major					
Level I Certificate – Major					
Marketable Skills Achievement Award –	- Major				
				Yes	No
Do you plan to participate in the May graduation c	eremony?				
Are you a member of Phi Theta Kappa?	•				
Have you completed courses at another college? If yes, name of colleges:					
Specify special accommodations needed for cerem If yes, explain:	iony.				
I give CBC permission to print name in news relea (Failure to indicate will be taken as implied per					
Are you a dual credit student? If yes, which high school:					

<u>DEGREE PLAN:</u> Please see your advisor to review your degree plan. Your advisor must sign and date it.

<u>CAP & GOWN:</u> If you plan to participate in the ceremony in May, a cap and gown must be worn unless you are required to wear a prescribed uniform. Caps and Gowns can be ordered online from the Book Store or purchase in the store.

Steps for Graduation Application Process

1.	Print Graduation A	Application from	n CBC website w	vww.coastalbend.edu/step	os_of_graduation/			
2.	Review degree pla	n with advisor	to see if all requiren	nents for graduation have	been met. (ADVISOR	ONLY)		
			Yes	No	Level I	N/A		
	TSI complete					5 11 2		
	GPA minimum of	2.0 met						
	Substitutions (prov	vide copies)						
	Capstone complete	ed						
	Advisor Name (print)		<u></u>	Advisor Signature		Date		
3.	Visit Financial Aid	d Office for gra	duation clearance.					
			Signa	uture/Date	Yes	No		
	Financial Aid							
4.	Clear all holds.				T			
	Offices		Signature/Date		Yes	No		
	Business							
	Library							
	Student Success Center Equipment							
	Center Equipment							
5.	Return graduation packet to Admissions/Registrar's Office, Coastal Bend College, 3800 Charco Road, Beeville TX 78102							
	Packet includes:	Graduation	Application		Signed degree pla	Signed degree plan		
	Tucket merades.	A copy of this completed checklist with signatures				Substitution forms/EDUC Wavier,		
6.	Include a mailing address on the application so that your diploma can be mailed. It is your responsibility to report an address change. All correspondence regarding graduation will be sent through CBC e-mail. IMPORTANT: You will be required to apply/reapply for the next graduation if: (1) you miss the deadline or (2) you do not							
		_		on term indicated on the				
	Signature				Date			

MARKETING RELEASE FORM

I,	, give Coastal Bend College permission to use my name, image and likeness in
photos/video and grant all a support the mission of Coas	rights to use these images for educational, promotional, advertising or other purposes that tal Bend College in various forms of media, including but not limited to print, digital, radio, I rights to the images belong to Coastal Bend College and I will not be compensated.
Signature:	Date:
Address:	
City, State, Zip	Phone:
College for educational or proform, your image, likeness	, do not consent to my image, name or likeness being used by Coastal Bend promotional purposes that support the mission of Coastal Bend College. By submitting this and name will be excluded from all digital, printed and online brochures, event programs, releases, and other promotional materials.
Signature:	Date:
Address:	
City, State, Zip	Phone: