Office of Admissions/Registrar
3800 Charco Road
Beeville, TX 78102

Coastal Bend COLLEGE

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

Graduation Application

Graduation Term _____ Fall _____ Spring _____ Summer Primary Site _____ Alice _____ Beeville _____ Kingsville _____ Pleasanton

Printed Name on diploma _____

Diploma Address _____ City _____ State _____ Zip _____

Social Security Number _____ CBC ID _____

Email _____

Phone Number ( ) _____ Alternate Phone Number ( ) _____

Check degree/certificate applying for

_____ Associate of Arts _____ Associate of Science _____ Associate of Arts in 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 ceremony?		
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 ceremony. **If yes, explain:**		
I give CBC permission to print name in news releases and graduation program. **(Failure to indicate will be taken as implied permission)**		
Are you a dual credit student? **If yes, which high school:**		

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

CAP & GOWN: 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.

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability.

Steps for Graduation Application Process

1. Print Graduation Application from CBC website www.coastalbend.edu/steps_of_graduation/

2. Review degree plan with advisor to see if all requirements for graduation have been met. (**ADVISOR ONLY**)

	Yes	No	Level I	N/A
TSI complete				
GPA minimum of 2.0 met				
Substitutions (provide copies)				
Capstone completed				

_____ _____ _____

Advisor Name (print) Advisor Signature Date

3. Visit Financial Aid Office for graduation clearance.

	Signature/Date	Yes	No
Financial Aid			

4. Clear all holds.

Offices	Signature/Date	Yes	No
Business			
Library			
Student Success 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 plan
	A copy of this completed checklist with signatures	Substitution forms/EDUC Wavier, if applicable

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 meet the graduation requirements during the graduation term indicated on the graduation application.

_____ _____

Signature Date

MARKETING RELEASE FORM

I, _____, **give Coastal Bend College permission** to use my name, image and likeness in photos/video and grant all rights to use these images for educational, promotional, advertising or other purposes that support the mission of Coastal Bend College in various forms of media, including but not limited to print, digital, radio, and television. I agree that all rights to the images belong to Coastal Bend College and I will not be compensated.

Signature: _____ Date: _____

Address: _____

City, State, Zip _____Phone: _____

I, _____, **do not consent** to my image, name or likeness being used by Coastal Bend College for educational or promotional purposes that support the mission of Coastal Bend College. By submitting this form, your image, likeness and name will be excluded from all digital, printed and online brochures, event programs, marketing, advertising, press releases, and other promotional materials.

Signature: _____ Date: _____

Address: _____

City, State, Zip_____Phone: _____