



OUACHITA TECHNICAL COLLEGE

APPLICATION FOR GRADUATION

Name: _____ Social Security #: _____
Last First Middle

Name as you desire on diploma: _____

Address: _____
Street or Box # City State ZIP

Type of Award:	Date of Graduation:	
_____ Associate of Arts I have (have not) taken the MAPP Exam	_____ Term	_____ Year
_____ Associate of Arts in Teaching	_____ Fall	_____
_____ Associate of Applied Science	_____ Spring	_____
_____ Certificate of General Studies	_____ Summer I	_____
_____ Technical Certificate	_____ Summer II	_____
_____ Certificate of Proficiency in _____		

Catalog year to be used to verify award requirements: _____

Division: _____

Specialty for award: _____

(Note: A 2.00 ("C") grade point average is required for graduation.)

*the Measurement of Academic Proficiency and Progress (MAPP) exam is required for all Associate of Arts Degree Graduates.

The following information is requested for reporting purposes only.

Ethnic Origin		Gender
_____ White, Non Hispanic	_____ American Indian or Alaskan Native	_____ Male
_____ African-American	_____ Asian or Pacific Islander	_____ Female
_____ Hispanic	_____ Other	

Statement of Graduation Conditions

I am aware that even though I participate in the graduation ceremony this does not guarantee graduation. Graduation is achieved only after all grade requirements are met and authenticated by the Registrar. _____

Initials

Office Use Only

Date Award Ordered _____ Date Award Received _____

Date Award Released _____

() Graduation Ceremony () Award Held (Explain below) () Student Pick-up () Mailed

Student

Registrar