



Application for Graduation

CFK students must complete a separate Graduation Application for each individual degree/ certificate requested. This form must be filled out and signed by your advisor prior to submittal for graduation.

Date: _____ **Student ID:** _____ **Phone #:** _____

Legal name as you would like it to appear on your diploma/certificate (First, Middle, Last name):

Address where you want your diploma/certificate sent:

If you have a change of address or name prior to receipt of diploma please notify the Enrollment Management Office at (305) 809-3188 or enrollment@cfk.edu.

Degree/Certificate Requested: (Please indicate exact program title if indicated.)

Bachelor of Applied Science Supervision and Management (B.A.S.-S.M.)

Bachelor of Science:

Associate in Arts (A.A.)

Associate in Applied Science (A.A.S.): _____

Associate in Science (A.S.): _____

College Certificate/ Certificate of completion: _____

Applied Technical Diploma: _____

Planned graduation date:

Term: Fall Spring Summer Year:

Do you plan to participate (walk) in a commencement ceremony? Yes No

If yes, commencement ceremony attending/ walking:

Fall (December) Year: **Order your cap and gown through CFK's Bookstore,**

Spring (May) Year: **Follett, at (305)809-3242.**

Confidential Status: (please check if you are requesting confidentiality)

I am requesting my name and information ***not*** be published in the college commencement and graduation publications.

I am requesting to receive a hard copy of the above diploma/certificate.

(Note: There is a \$25 dollar fee for each diploma/certificate unless covered by a grant. Please pay at the Business office or Upper Keys Center at (305) 809-3186. Your application will not be processed until these fees are paid.)

I have attached a degree audit from Degree Works indicating I have completed or have enrolled in 100% of my Degree requirements. (Note: Future enrollments may not be more than six credit hours.)

I have completed the graduate exit survey on-line.

I have no outstanding holds or financial obligation owed to CFK.

Student's signature: _____ **Date:** _____

Enrollment Management will review your application for graduation to determine whether there are any College holds that will prevent you from being eligible for graduation. Only the Registrar can grant final approval for graduation.

75.80(A) revised

Student Name: _____

ID: _____

For Advisor Use ONLY:

Degree/certificate requested exact program title?	Yes	No
Cumulative GPA of 2.0 or higher?	Yes	No
25% of coursework completed in residence at CFK?	Yes	No
100% enrolled in required coursework from Degree Works audit?	Yes	No
Foreign language requirement completed?	Yes	No
Verified completed the Graduate Exit survey?	Yes	No
Check SOAHOLD for any holds preventing graduation (owes\$, transcripts...) and removed any advising holds that are no longer applicable?	Yes	No

Note any exceptions: _____

Advisor's signature: _____ **Date:** _____

For Enrollment Management Use ONLY:

SHADEGR changed from IW to AW
SHACATT

Enrollment Management signature: _____ **Date:** _____