

## INSTRUCTIONS

1. **Make an appointment to meet with your advisor to complete the graduation application and attach a completed curriculum guide.**
2. **For CAAP testing (AA and AS only), please contact a counselor in the CAP Center. Please see the listing of exit exam requirements below to determine which exam is required for your program of study.**

<b>Degree</b>	<b>Exit Exam</b>
<b>Associate in Arts</b>	<b>CAAP/CCTST</b>
<b>Associate in Science</b>	<b>CAAP/CCTST</b>

3. **Please return the application and completed curriculum guide to the Admissions/Records office by the date listed below:**

<b>May Graduation</b>	<b>February 15</b>
<b>August Graduation</b>	<b>May 30</b>
<b>December Graduation</b>	<b>September 15</b>

4. **See bookstore to purchase cap and gown.**

**APPLICATION FOR GRADUATION  
MADISONVILLE COMMUNITY COLLEGE**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Empl ID (required):** \_\_\_\_\_

I submit this application for the graduation for:

\_\_\_\_\_ **August**                      \_\_\_\_\_ **December**                      \_\_\_\_\_ **May**

I am pursuing this award for:

\_\_\_\_\_/\_\_\_\_\_  
(AA,AS, AAS, diploma, or certificate)                      (Major or Area of Study)

I am aware that a student becomes eligible for graduation when he/she has been admitted to and completed the prescribed program with a scholastic average of at least **2.0**. In addition, students must have a minimum of **24** hours taken in residence within KCTCS and at least **25%** of the approved work must come from Madisonville Community and Technical College.

I also certify that I met with my advisor, \_\_\_\_\_, on \_\_\_\_\_, And that I was informed of the courses which I must successfully complete in order to earn my degree/diploma/certificate.

Furthermore, I understand that it is responsibility to meet the requirements stated above before I may officially graduate from Madisonville Community and Technical College.

\_\_\_\_\_  
(Advisor's Signature)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Counselor's Signature—AA, AS only)

Please print your name on the above line the way you want it on you diploma.

**MAILING ADDRESS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Will participate in graduation ceremonies? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FOR OFFICE USE ONLY**

Tentative Approval : \_\_\_\_\_ yes \_\_\_\_\_ no                      Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Final Approval: \_\_\_\_\_ yes \_\_\_\_\_ no                      Final GPA: \_\_\_\_\_

Distinction _____	High Distinction _____	Registrar: _____
-------------------	------------------------	------------------