

Academic Year \_\_\_\_\_

# PETITION TO GRADUATE

Date \_\_\_\_\_

(Complete a separate Petition for each degree and/or certificate)

**Dear Student:** Meet with your academic counselor for a degree audit. If eligible for graduation, complete **all** information requested below and return the form to your counselor. Students will be notified about the graduation ceremonies, how to order the cap and gown, and obtain picture and announcement information. Although you do not have to participate in graduation ceremonies, we encourage all students to walk with their fellow graduates.

**Filing deadline for those planning to participate in the graduation ceremony, is the first Monday in March (no exceptions).**

**\*I will complete all degree/certificate requirements by the end of (insert year in appropriate term):**

**Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_**

**I give permission to release degree/certificate(s), honors, and photos to be printed in media. \_\_\_yes \_\_\_no**

**I do \_\_\_ I do not \_\_\_ plan on participating in the graduation ceremony (be sure to check filing deadline dates).**

**INSTRUCTIONS: Print all information legibly (please use ink or type).**

Name	SSN/ID#	Are you an EOPS Student? Yes _____ No _____
Address	City Zip	Date of Birth
Electronic e-mail address	Daytime Phone #	

**Please update school records with this address.**

**PRINT NAME EXACTLY AS IT IS TO APPEAR ON THE DIPLOMA:**

First	Middle	Last
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I am Petitioning for: (Please file a separate petition for each degree and/or certificate) AA AS Certificate _____ (circle one)	Is this your first <u>degree</u> at PVC? Yes _____ No _____
Other Colleges Attended (must request transcript evaluations to use courses from other colleges) Transcripts on File? _____ _____ _____	Yes _____ No _____
Are you currently enrolled at PVC? Yes _____ No _____ Are You currently enrolled at another college? Yes _____ No _____ If yes, name of other college _____	Are you a veteran or currently in the service? Yes _____ No _____ Have you petitioned for any course waivers or substitutions? Yes _____ No _____

**Student's Signature \_\_\_\_\_ Date \_\_\_\_\_**

\*\*\*\*\* Do not write below this line \*\*\*\*\*

**Catalog Year \_\_\_\_\_**

**Counselor/Program Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Check only if applicable:**

<b>Certification:</b>	<b>Date Conferred _____ GPA _____</b>
<b>CSU-GE _____</b>	<b>Registrar's Signature _____</b>
<b>IGETC UC _____</b>	<b>Diploma/Cert Processed _____</b>
<b>IGETC CSU _____</b>	<b>Diploma/Cert Delivered _____</b>

