

## PETITION FOR GRADUATION

I hereby request that my name be placed on the list of candidates for graduation. I will complete all requirements by the end of:

Fall Semester \_\_\_\_\_

Spring Semester \_\_\_\_\_

Summer Session \_\_\_\_\_

**INSTRUCTIONS: Please print all information legibly. Please fax completed form to 760-252-6754.**

Name		SSN / ID#	
Address		Phone Number	
City	Zip	I will participate in Commencement:	
		<input type="checkbox"/> No	<input type="checkbox"/> Main Campus
		<input type="checkbox"/> Ft. Irwin	

PRINT NAME EXACTLY AS IT IS TO APPEAR ON THE DIPLOMA:
First / Middle / Last: _____

BARSTOW COMMUNITY COLLEGE MAJOR (select from back of form): DEGREE / MAJOR: _____ OR CERTIFICATE: _____	Is this a second degree? YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER COLLEGES ATTENDED: 1. _____ 2. _____ 3. _____	ARE TRANSCRIPTS ON FILE? 1. YES <input type="checkbox"/> NO <input type="checkbox"/> 2. YES <input type="checkbox"/> NO <input type="checkbox"/> 3. YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU CURRENTLY ENROLLED AT BCC? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU CURRENTLY ENROLLED AT ANOTHER COLLEGE? YES <input type="checkbox"/> NO <input type="checkbox"/> NAME OF OTHER COLLEGE: _____ DO YOU PLAN TO ATTEND BCC AFTER GRADUATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a veteran or currently in the service? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you met the 12 unit residency requirement? YES <input type="checkbox"/> NO <input type="checkbox"/> Have you petitioned for any course substitutions? YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

-----OFFICIAL USE ONLY-----

Counselor / Program Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**\* EVALUATION 1 \***

MET REQUIREMENTS

REQUIREMENTS NOT MET.

IN PROGRESS, MET AT END OF TERM: \_\_\_\_\_, \_\_\_\_\_

**NOTES:**

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

**\* EVALUATION 2 \***

CAPP VERIFIED

COUNSELOR VERIFIED

Signature \_\_\_\_\_ Date \_\_\_\_\_