



BARSTOW COMMUNITY COLLEGE

PETITION FOR GRADUATION

Term _____	<input type="checkbox"/> DF/
	CF
Date _____	<input type="checkbox"/> DA
	<input type="checkbox"/> CA
	<input type="checkbox"/> DR/
	CR
Returned to SO	

Name:		STUDENT ID/ B NUMBER (NO SSN)	
Mailing Address (Update address on your Barstow portal -- diploma will be mailed to address on file)		Phone:	
Email:	City/State	Zip Code	I will participate in Commencement: <input type="checkbox"/> No <input type="checkbox"/> Main Campus <input type="checkbox"/> Ft. Irwin

YOUR NAME WILL APPEAR THE SAME AS IT DOES ON YOUR BCC TRANSCRIPT.

PLEASE SELECT AN OPTION FOR YOUR MIDDLE NAME: FULL MIDDLE MIDDLE INITIAL NONE/NO MIDDLE

BARSTOW COMMUNITY COLLEGE PROGRAM OF STUDY (please check the BCC catalog for eligible programs of study)		Is this a second degree?
DEGREE / MAJOR:	AND/OR CERTIFICATE:	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER COLLEGES ATTENDED 1. 2. 3.		ARE COURSES NEEDED TO MEET GRADUATION REQUIREMENTS? 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"/>
TRANSCRIPTS MUST BE ON FILE PRIOR TO GRADUATION PETITION SUBMITTAL, IF ANY OF THE COURSES ARE NEEDED TO MEET GRADUATION REQUIREMENTS. ANY SUBSTITUTIONS MUST BE APPROVED PRIOR TO PETITION.		
ARE YOU CURRENTLY ENROLLED AT BCC? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU CURRENTLY ENROLLED AT ANOTHER COLLEGE*IN COURSES NEEDED TO FULFILL GRADUATION REQUIREMENTS FOR THIS DEGREE (ENROLLMENT VERIFICATION MUST BE SUBMITTED WITH PETITION)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a veteran or currently active duty? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF OTHER COLLEGE: _____ Remember an official transcript must be submitted prior to graduation petition clearance * Education plan must be attached with petition		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"/>
		Do you have a SOC agreement on file? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

CATALOG TERM _____	* EVALUATION 1 *
<input type="checkbox"/> Met Requirements	
<input type="checkbox"/> In Progress, Met at End of Term: _____	Courses Required for Degree or Certificate:
Counselor Signature: _____	Date: _____

* EVALUATION 2 *	
Degree Requirements <input type="checkbox"/> Met <input type="checkbox"/> Not Met	Major GPA <input type="checkbox"/> Met <input type="checkbox"/> Not Met
Courses to be completed:	Overall GPA <input type="checkbox"/> Met <input type="checkbox"/> Not Met
Admissions and Records Signature: _____	Date: _____