



Term _____ DF Date _____
 Term _____ DA Date _____
 Term _____ CA Date _____
 Returned to SO Date _____

PETITION FOR GRADUATION

INSTRUCTIONS: Please print all information legibly. Please fax completed form to 760-252-6754 or email to admit@barstow.edu

Name		SSN / ID#	
Mailing Address (where you would like your diploma sent)			Phone Number
Email	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 PROGRAM OF STUDY (please check the BCC catalog for eligible programs of study)		Is this a second degree?	
DEGREE / MAJOR: _____ OR CERTIFICATE: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER COLLEGES ATTENDED		ARE COURSES NEEDED TO MEET GRADUATION REQUIREMENTS?	
1. _____		1. YES <input type="checkbox"/> NO <input type="checkbox"/>	
2. _____		2. YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. _____		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.			
ARE YOU CURRENTLY ENROLLED AT BCC? 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"/>	
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"/>		Have you met the 12 unit residency requirement? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF OTHER COLLEGE: _____		Have you petitioned for any course substitutions? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*Remember an official transcript must be submitted prior to graduation petition clearance		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"/> Student not enrolled in necessary courses to meet graduation requirements.
<input type="checkbox"/> In Progress, Met at End of Term: _____	
Courses that must be completed:	
Counselor Signature _____	Date _____

* EVALUATION 2 *	
<input type="checkbox"/> CAPP VERIFIED	<input type="checkbox"/> COUNSELOR VERIFIED
Degree Requirements <input type="checkbox"/> Met <input type="checkbox"/> Not Met	Major GPA <input type="checkbox"/> Met <input type="checkbox"/> Not Met
Basic Skills GPA <input type="checkbox"/> Met <input type="checkbox"/> Not Met	Overall GPA <input type="checkbox"/> Met <input type="checkbox"/> Not Met
Courses to be completed:	
Counselor Signature _____	Date _____