APPLICATION FOR AWARD OF DEGREE OR CERTIFICATE

1. When will you complete your degree(s) and/or certificate(s)? Fall ( ) Spring ( ) Summer ( ) Year _____
2. What degree(s)/certificate(s) are you completing? _____

   _____

3. You are not required to participate in the graduation ceremony; however, if you plan to participate in the ceremony, please note the following:

If you complete your degree/certificate at the end of:	You can participate in the ceremony of:
Fall 2013	Spring 2014
Spring 2014	Spring 2014
Summer 2014	Spring 2014
Fall 2014	Spring 2014

4. **If you plan to participate in the graduation ceremony**, please provide us with your height and weight for your cap and gown order: Height _____ Weight _____ (Cap and gown should be picked up in the College Bookstore prior to graduation.)
5. Name as it should appear on diploma:

   First _____ Middle _____ Last _____

6. Your date of birth (month/date/year): _____
7. SIC ID # _____ SSN _____ (optional)
8. Personal email address: _____
9. Cell #: _____ Landline #: _____
10. Where should we mail the diploma?

    _____

    Street **City** **Zip**

11. If applicable, where do you plan to continue your education? _____
12. **Please initial each box below**:

    _____ I understand that the $20 fee I pay today covers the processing fee for this application.

    _____ I understand that a final check of my records will be performed and any outstanding paperwork (final high school transcript, etc.) on my part may delay the award and mailing of my degree.

    _____ I understand if I submit this application after the posted deadline, my name will NOT appear in the printed program or newspapers; however I may still participate in the graduation ceremony.

_____

Signature **Date**

FOR OFFICE USE ONLY:

Final high school/GED transcript on file: _____
Business Office lock: _____
NOCTI waiver applied: _____
Grad program info entered: _____
Approved for graduation: _____
IAI posted, if applicable: _____
Degree posted: _____
Diploma mailed: _____
Cash: _____
Check #: _____

If you are paying by debit/credit card, **PLEASE PRINT:**
Visa ( ) MasterCard ( ) Discover ( )

Credit Card Number: _____

Exp. Date: _____ Verification/Security (on back of card) #: _____

Amount of Charge: $ _____

Cardholder Name: _____

Cardholder Phone #: _____

Mail this form with your check to: Southeastern Illinois College, ATTN: Admissions, 3575 College Rd, Harrisburg, IL 62946
OR fax this form with your debit or credit card info to: 618.252.3062, ATTN: Admissions