



APPLICATION FOR AWARD OF DEGREE OR CERTIFICATE

- When will you complete your degree(s) and/or certificate(s)? Fall () Spring () Summer () Year _____
- What degree(s)/certificate(s) are you completing? _____
- 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 2018

Spring 2019

Spring 2019

Spring 2019

Summer 2019

Spring 2019

Fall 2019

Spring 2019

- 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.)

- Name as it should appear on diploma:

First _____ Middle _____ Last _____

- Your date of birth (month/date/year): _____

- SIC ID # _____

- Personal email address: _____

- Cell #: _____ Landline #: _____

- Where should we mail the diploma?

Street	City	Zip
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- If applicable, where do you plan to continue your education? _____

- 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 and grades will be performed and any deficiencies (failing grades, missing 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: Records, 3575 College Rd, Harrisburg, IL 62946 OR fax this form with your debit or credit card info to: 618.252.3062, ATTN: Records