Graduation Application – Degree
(Return Application to Cashier's Office. Please note deadline for applying.)

Student’s Last Name_________________________________________ First Name_______________________ M.I.____
Student ID# ____________________ Current Phone Number____________________

SECTION I – CANDIDATE INFORMATION (To be completed by Student; print clearly.)

Name (as it is to appear on your Diploma) __________________________________________________________
Advisor’s Name ________________________________________
Program in which you will receive your degree (check one)
☐ Associate of Arts (major field) ____________________
☐ Associate of Science (major field) ____________________
☐ Associate of Applied Business (major field) __________
☐ Associate of Applied Science (major field) ______________
☐ Associate of Technical Study (major field) __________

Do you plan to participate in the graduation ceremony?  ☐ Yes (Commencement Fee $15.00) ☐ No
Note: Includes Cap&Gown

Semester in which you will complete your degree requirements (check one)
☐ End of Fall 20_____  ☐ End of Spring 20_____  ☐ End of Summer 20_____  

Is this a second degree at Edison?  ☐ Yes ☐ No  If yes, complete the Second Degree Request Form and obtain approval from the Academic Dean.

Would you like to pick up or would you like your diploma mailed?  ☐ Pick up ☐ Mailed (Verify that WebAdvisor has your current address)

Would you like to pledge to the Edison Foundation to assist other Edison Community College Students?
☐ $5.00 ☐ $10.00 ☐ $20.00 ☐ $25.00

Student’s Signature ________________________________________________

SECTION II – GRADUATION REQUIREMENTS (To be completed by Advisor; print clearly.)

Current Edison GPA _________
Does student have:
☐ A minimum 15 credit hours from Edison Community College? ☐ Yes ☐ No
☐ Less than 30 credit hours of credit by exam/portfolio credit? ☐ Yes ☐ No

Enter ONLY the remaining courses (including current schedule) required to complete the degree program. NOTE: Any changes, additions, or deletions should be initialed and dated by your Dean.
☐ Fall _____  ☐ Spring _____  ☐ Summer _____

Completed program based on Academic Catalog ___________________________ - ___________________________
☐ I have reviewed the above named individual’s record and verify that the student will complete the requirements for the specified degree, pending completion of the courses listed above, and if the student has a minimum cumulative GPA of 2.0 at the time of their completion.

Advisor’s Signature ___________________________________________ Date____________________
Dean’s Signature ___________________________________________ Date____________________

FOR OFFICE USE ONLY
Commencement Fee Received Date By
Letter Mailed Date By
GPA Requirement Completed Date By
Total Credit Requirements Completed Date By
Remaining Coursework Completed Date By
Diploma Mailed Date By
Posted on Transcript Date By