



## Graduation Application

Student name: \_\_\_\_\_  
**Name as it will appear on your degree or diploma (please print clearly)**

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Phone #: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

ECC ID#: \_\_\_\_\_ Student Email: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Program Code: \_\_\_\_\_

Career Readiness Certificate Level Achieved:

Platinum

Gold

Silver

Bronze

None

Date CRC Assessment Taken: \_\_\_\_\_

Semester Completing Program: Fall Spring Summer

Are you a member of Phi Theta Kappa? Yes No

**This form is to be completed during registration for the student's final semester. The advisor will sign upon determining that the student has registered for the proper courses to complete program requirements. The advisor must return a completed form with all appropriate signatures in person to Student Services or email to [graduation@edgecombe.edu](mailto:graduation@edgecombe.edu).**

**By signing this application, I understand that I must meet all requirements as stated in the Edgecombe Community College Catalog or I will not be permitted to participate in the commencement ceremony or receive my degree. I further understand that I must contact the Financial Aid Office for exit counseling if I received financial aid during my enrollment at ECC. If I do not graduate, I understand that I must reapply for graduation.**

I plan to participate in the commencement ceremony held in May.  Yes  No

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE THE [GRADUATE SURVEY](#)**

For Student Records Use ONLY:

Posted on spreadsheet

Entered in Colleague