



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 completed form with all appropriate signatures in-person to Student Services or email to 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](#)

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| For Student Records Use ONLY: | Posted on spreadsheet | Entered in Colleague |
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