

**Mineral Area College**  
**APPLICATION FOR GRADUATION CANDIDACY**

**Read the instructions on the reverse side of this form before completing.**

My advisor and I have checked my college record and I hereby declare my intention to be a candidate for the following degree or certificate. Please check one of the following:

- Associate of Arts Degree (AA)
- Associate of Arts in Teaching (AAT)
- Associate of General Studies Degree (AGS)
- Associate of Science Degree (AS)
- Associate of Applied Science Degree (AAS)
- Certificate

I will be eligible for graduation  Summer  Fall  Spring Year 20\_\_\_\_\_

\_\_\_\_\_  
Major

**CLEARLY PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR  
DIPLOMA/CERTIFICATE**

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
(Last)

**The information below is required for a Federal Report. Please check the appropriate blanks.**

_____ White, Non-Hispanic	_____ Hispanic of any race	_____ Male
_____ Black or African American, Non-Hispanic	_____ Asian, Non-Hispanic	_____ Female
_____ Two or more races	_____ American Indian or Alaskan Native, Non-Hispanic	

Social Security #: \_\_\_\_\_ MAC ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**(Your diploma/certificate will be mailed to this address)**

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

My signature indicates I have read the instructions on the reverse side and agree to comply with them if I expect to receive my diploma/certificate.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Advisor's Signature)

\_\_\_\_\_  
(Date)

**For Office Use Only:**

_____ Initial Registrar Review	Date _____
_____ Approved by Registrar	Date _____
_____ Disapproved by Registrar	Date _____

**Exit Exam Yes \_\_\_ No \_\_\_ Excused \_\_\_**

Excused from Ceremony \_\_\_\_\_

Dipl/Cert Ordered \_\_\_\_\_

Dipl/Cert Mailed \_\_\_\_\_

Reason \_\_\_\_\_

(PLEASE TURN OVER)