Bluegrass
Community & Technical College

APPLICATION FOR GRADUATION

Students are encouraged to apply for graduation the semester prior to when they are expected to complete their credential requirements. Applications turned in after the established deadline will automatically be moved to the applications for the next semester.

Please print or type. Blue or Black Ink Only. All fields are required.

Name: Current Phone Number:

Last Four Digits of Social Security Number: Student ID Number:

KCTCS Email Address:
(All communication regarding the status of your degree application will be sent to this email address)

Applying for: ☐ August   ☐ December   ☐ May   Year:

The name on your credential and the address to which it will be mailed will be pulled from your student account. If this information is incorrect you must update the information by the established deadlines.

Are you planning to take part in May Commencement Exercises? ☐ Yes ☐ No

Please list the degrees, diploma, or certificate that you are applying for. Please include the program name and name of subplan if applicable.

Degree	Diploma	Certificate
1.)	1.)	1.)
2.)	2.)	2.)
3.)	3.)	3.)
4.)	4.)	4.)
5.)	5.)	5.)
6.)	6.)	6.)
7.)	7.)	7.)
8.)	8.)	8.)

This application constitutes a statement of intent by the student to complete the requirements for graduation. Final determination of graduation shall be made by the Registrar who shall certify that the student has (1) fulfilled all course requirements for the Credential and (2) attained at least a 2.0 cumulative grade point average for an Associate Degree and Diploma and at least a 2.00 in the courses required for a Certificate and (3) earned at least 25 percent of the approved curriculum credits at BCTC.

Furthermore, I understand that it is my responsibility to meet the above stated requirements before I may officially graduate from BCTC. In no case will a degree be granted for the completion of a second option in a program. The completion of a second option, however, will be recorded on the transcript.

Student: I also certify that I met with my advisor and we discussed those courses which I must satisfactorily complete in order to fulfill the curriculum requirements for my program. I also understand that if for some reason my application for graduation is denied it is my responsibility to reapply.

Advisor: By signing this form I am verifying that this student will be eligible to receive the degree/diploma/certificate(s) listed above and that the student has followed the attached curriculum sheet.

Advisor's Name (Please Print) _____

Advisor's Signature: _____

Student's Signature: _____