

UNDERGRAD Application for Graduation

Enrollment Services

Phone 626.396.2313
Fax 626.396.2209
enrollmentservices@artcenter.edu

Student Information (Please Print)

Last Name First Name Student ID Major

Term You Plan to Graduate

Spring Summer Fall Year _____ F-1 Student Yes No

Are you a Veteran of the U.S. Armed Forces? Yes No Receiving Financial Aid Yes No

Mailing Address

Street Address _____ Is this a new address? Yes ___ No ___

City State Zip Email (non ArtCenter)

Home Phone Cell Phone

Policy

1. The student's cumulative GPA **MUST** be 2.50 or higher.
2. The student **MUST** be enrolled in an ArtCenter course in the semester the student plans to graduate.
3. **ALL** restrictions (i.e. accounting balance, library holds, tool shop holds, parking tickets, etc.) on the student's record **MUST** be cleared.
4. All students must review their degree audit and clear their degree requirements with Enrollment Services.
5. Conferral of degrees is contingent upon certification by the Registrar of successful completion of all degree requirements.
6. Students applying for graduation are not eligible for requesting an Incomplete Grade in their final semester.

Commencement Intent

I plan to walk in the commencement ceremony.

I plan to **NOT walk** in the commencement ceremony.

Deadline

The Application for Graduation form should be **submitted no later than Friday of Week 11 of the semester prior to the semester in which the student intends to graduate** to ensure a degree audit is completed prior to Add/Drop. Submitting the Application for Graduation form late will cause a delay in ordering the student's diploma and the student's information will not appear in the graduation program.

Diploma Name Information

PRINT name exactly as you would like **PRINTED** on the diploma.

Note: **ONLY** variations of **OFFICIAL** name of record allowed. This **MAY** be different than "Name Announced at Graduation".

PRINT Name

Diploma Mailing Address or Pick-up

Mail Pick-up (From Enrollment Services Office)

(If mailing, enter mailing address valid for at least four months into the future)

Street Address

City State Zip Country

Name Announced at Graduation

Print name exactly as you would like **ANNOUNCED** at the commencement ceremony.

Note: **ONLY** variations of **OFFICIAL** name on record allowed. This **MAY** be different than "Diploma Name Information".

PRINT Name

Hometown Information

PRINT City, State (for United States) **OR** Town, Country (outside the United States) Note: Information **REQUIRED** for the Program

PRINT Hometown Information

Student Signature

By signing this form, I acknowledge that I have read and understand the above statement and deadline for intending to graduate.

Student Date

ArtCenter College of Design

1700 Lida Street, Pasadena, California 91103