Diploma Application

Apply to Graduate; Receive your Diploma

GREAT FALLS COLLEGE
MONTANA STATE UNIVERSITY

To receive your diploma or certificate, you must complete this form and meet all program requirements. This form is for awarding your credential — it is not a sign-up for the commencement ceremony.

- ☐ You must successfully complete all required courses with the minimum grades listed in the catalog and maintain a cumulative GPA of at least 2.0.
- ☐ At least 25% of the coursework for your program must be completed at Great Falls College.
- ☐ Required courses must have a minimum grade of C- unless specifically noted on the program catalog page.
  - Commencement is held each May. Information about caps, gowns, and announcements will be available through the Bookstore. **Commencement ceremony participation is optional and handled separately.**
  - Diplomas are mailed out according to academic calendar generally two-to-three months after the end of the semester.

Steps to complete the Diploma Application:

1. Review your program requirements for graduation in the Academic Catalog (catalog.gfcmsu.edu).
2. If you have questions about graduation requirements, please make an appointment to review your diploma application with your Great Falls College academic advisor.
3. If all required courses have been completed or are in progress, fill out the diploma application form below.
4. Turn in completed diploma application to your Great Falls College academic advisor.

Student Information

I, _____
(please print name as it should appear on your diploma)

have/will complete(ed) all program requirements, hereby apply for graduation _____, Term 20_____.
(Fall, Spring, Summer)

Student ID Number: _____

Mailing Address: _____
STREET ADDRESS

_____
CITY / STATE / ZIP CODE

Telephone: _____

Email Address: _____

_____ / _____
(Student's Signature) **(Date)**

Student Recognition

Please circle an answer for the following questions. Completion of this section is only for the commencement ceremony and public recognition. It does not affect awarding your diploma.

Yes / No I give Great Falls College permission to print my name in the Commencement Program.

Yes / No I give Great Falls College permission to print my name in the newspaper upon approval for graduation.

Yes / No I plan on attending the May Commencement Ceremony

Yes / No I am an enrolled member or descendant of a Native American Tribe and plan to attend the Native American Eagle Feather Ceremony in May. (Documentation must be submitted prior to the ceremony.)

Student Name: _____ **Student ID:** _____

Degree Seeking (1st)

Please check one:

_____ Associate of Applied Science

_____ Associate of Arts

_____ Associate of Science

_____ Associate of Science – Nursing

_____ Certificate of Applied Science

_____ Certificate of General Studies

_____ Certificate of Technical Studies

Program: _____

Catalog Curriculum using for graduation: _____
(Ex. 2019-20 catalog, 2020-21 catalog, etc.)

As Academic Advisor for the above student, I agree that the student listed above has/will be completing the program requirements as listed in the catalog curriculum referenced above for the term listed on page 1. Course substitutions/waivers have already been submitted or accompany this form.

☐ **Two audits** **Total Credits:** _____

Advisor's Signature:_____ **Date:**_____

Diploma applications received without advisor's signature(s) will be returned to student.

FOR OFFICE USE ONLY

Term Admitted/Readmitted: _____

CGPA: _____ / Final CGPA: _____

Total Credits: _____

Advisor: _____

☐ Recommended for Graduation

☐ NOT Recommended for Graduation

☐ **Advisor Notified:** _____
(Registrar / Date)

☐ Awarded for Graduation

☐ Denied for Graduation

☐ **Advisor Notified:** _____
(Registrar / Date)

Degree Seeking (2nd)

Please check one:

_____ Associate of Applied Science

_____ Associate of Arts

_____ Associate of Science

_____ Associate of Science – Nursing

_____ Certificate of Applied Science

_____ Certificate of General Studies

_____ Certificate of Technical Studies

Program: _____

Catalog Curriculum using for graduation: _____
(Ex. 2019-20 catalog, 2020-21 catalog, etc.)

As Academic Advisor for the above student, I agree that the student listed above has/will be completing the program requirements as listed in the catalog curriculum referenced above for the term listed on page 1. Course substitutions/waivers have already been submitted or accompany this form.

☐ **Two audits** **Total Credits:** _____

Advisor's Signature:_____ **Date:**_____

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Term Admitted/Readmitted: _____

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☐ Recommended for Graduation

☐ NOT Recommended for Graduation

☐ **Advisor Notified:** _____
(Registrar / Date)

☐ Awarded for Graduation

☐ Denied for Graduation

☐ **Advisor Notified:** _____
(Registrar / Date)