

**AGREEMENT / CONSENT FOR ANNOUNCEMENT AND PUBLICATION OF
STUDENT GRADUATION INFORMATION**

**ASSOCIATE DEGREE
APPLICATION FOR GRADUATION**

THE STUDENT NAMED BELOW AGREES TO THE RELEASE OF GRADUATION AWARD AND MAJOR INFORMATION --

I authorize Norwalk Community College ("NCC") to publish and announce my degree and/or certificate award(s) and my major at the NCC celebratory Commencement ceremony, in the Commencement booklet, and in publications that announce the celebration of my educational achievement.

Student LAST Name _____ FIRST Name _____ Middle Initial _____
(Please PRINT)

Student Signature _____
(Please SIGN full name.)

Student I.D. # _____

Date _____

Important Notice to Students:

1. Refer to the College Catalog on the web for graduation eligibility requirements.
2. **Your name on your diploma will be written as it appears in your myCommNet account with your First Name, Middle Initial, and Last Name.** Any requests for name changes to your student record must be submitted to the Records Office – room E102 by the deadline for the Application for Graduation. All name change requests must be supported with legal documentation that reflects the name change and a valid driver's license or passport in the current name.
3. **Marching in the May Commencement Ceremony does not certify that you have graduated.** May Commencement is a celebration. Degree and certificate candidates for graduation are normally certified / awarded several weeks after the Ceremony or after the end of the term following a thorough review of all degree requirements. August candidates are awarded in October, December candidates are awarded in February, and May candidates are awarded in July.
4. **Incomplete coursework must be completed and Incomplete grades changed by your instructor by no later than 2 weeks after the term end date** in order to be eligible for graduation for the requested term.
5. **Diplomas** are mailed to your mailing address as it appears in your myCommNet account. The diploma envelope is not a standard size and may not fit in a standard mailbox. If you need to change your mailing address you must complete a Change of Address form in the Records Office – room E102. There is no charge for your original diploma; however, there is a \$50.00 fee for replacement diplomas.

Address / Telephone Verification for Candidates for Graduation

PLEASE PRINT CLEARLY! - Complete steps 1 - 5.

Your diploma and future e-mails will be sent to the addresses you provide below. Please be sure to print clearly. There is a \$50.00 diploma replacement fee.

STEP 1 - FILL IN THE INFORMATION BELOW

STUDENT I.D. #: _____

NAME _____
LAST FIRST MI

STEP 2 - In the box below CLEARLY print your current E-MAIL ADDRESS.

E-MAIL ADDRESS:

STEP 3 - **In part "A" below clearly print your current MAILING ADDRESS.

** If your current mailing address in part "A" is a P.O. Box address, then also print your Permanent Street address in part "B." P.O. Box addresses will not be accepted without a Permanent Street address in part "B."

A. FULL STREET ADDRESS or P.O. Box Number _____

CITY _____ STATE _____ ZIP CODE _____

If you entered a preferred P.O. Box mailing address in part "A" above, then you must enter your permanent street address here in part "B."

B. FULL STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

STEP 4 – Clearly print your current TELEPHONE NUMBERS including area codes.

HOME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____

STEP 5

STUDENT SIGNATURE _____ DATE _____

NORWALK COMMUNITY COLLEGE GRADUATION APPLICATION ASSOCIATE DEGREE APPLICATION FOR GRADUATION



IMPORTANT DEADLINE DATES:

- ♦MAY Graduation – First Friday in March
- ♦AUGUST Graduation – August 15th
- ♦DECEMBER Graduation –
First Friday in November

IMPORTANT NOTE: NCC has three graduations per year (May, August and December), but only one Commencement Ceremony in May. **If you plan to complete your last course requirements (one or two courses) during the Summer you may apply for August graduation by the March deadline and participate in the May Commencement Ceremony. You should circle the month below to indicate that you will complete all course requirements by August.**

INSTRUCTIONS:

1. **Type or print** (in ink) all information AND FOLLOW THESE DIRECTIONS IN THE ORDER BELOW.
Those applying for a Certificate should use the CERTIFICATE APPLICATION form.
2. If you are using transfer credit from another college, CLEP, or credit by exam toward your degree, that credit must appear on your NCC unofficial transcript at the time of this application. If it does not, contact the Counseling Center – room E104.
3. Logon to your myCommNet account to print your degree evaluation. (See attached instructions.) Area course and degree requirements must be met – “Y.” The Records Office will re-run the evaluation at the end of the term.
4. See your advisor to complete the CURRICULUM CHECK SHEET. Course Substitution Form(s) must be completed if the courses you have taken toward your degree don’t match the courses listed on your Curriculum Check Sheet. Requests for additional degrees beyond the second will be forwarded to the Academic Dean for approval.
5. Complete the Graduating Student Survey. (Available at the Records Office if not included with this application.)
6. RETURN the completed Application, Degree Evaluation, approved Curriculum Check Sheet, Substitution forms (if necessary), and Graduating Survey to the Records Office (Room E102) by the above deadline.

TYPE OR PRINT YOUR LEGAL NAME BELOW EXACTLY AS IT IS IN myCommNet.

IMPORTANT NAME AND ADDRESS INFORMATION:

- 1) IF THE NAME YOU WANT ON YOUR DIPLOMA DOES NOT MATCH THE NAME ON YOUR NCC TRANSCRIPT, then before submitting this application to the Records Office you must submit a) a NAME CHANGE FORM along with b) the required LEGAL DOCUMENT that reflects the name change and c) your valid DRIVER’S LICENSE or PASSPORT in your current name.
- 2) IF YOUR ADDRESS does not match your current address in myCommNet you MUST complete a CHANGE OF ADDRESS FORM at the Records Office.

NAME _____
FIRST
MIDDLE INITIAL
LAST

STUDENT ID# (BANNER) @

--	--	--	--	--	--	--	--	--	--

 BIRTH DATE

--	--

 /

--	--

 /

--	--

SOCIAL SECURITY # _____ - _____ CURRICULUM _____

TELEPHONE (DAY) _____ (CELL) _____

ADDRESS _____
STREET
CITY
STATE
ZIP

I WILL COMPLETE ALL COURSEWORK FOR GRADUATION BY THE END OF: (Circle the month and write the year - anticipated graduation term.)

MAY _____ (year) AUGUST _____ (year) DECEMBER _____ (year)

STUDENT SIGNATURE _____ DATE _____

Degree Evaluation Instructions for Student Self-Service

- ✓ Go to: www.ncc.commnet.edu
- ✓ Login to: *myCommNet*
- ✓ Key in your: *NetID*
- ✓ Key in your: *Password* ; then Click on: *Login*
- ✓ Click on: *Student Tab*
- ✓ In the “Student Self-Service” area, Click on: *Click here to access your Student/Academic records*
- ✓ Click on: *Student Records*
- ✓ Click on: *Student Degree Evaluations*
- ✓ Select Current Term
- ✓ Click on: *Submit*

✓ <i>Click on: Generate New Evaluation</i>	OR	○ <i>Click on: (“Click” here to continue) What-if analysis</i>
✓ <i>Click in: Program button</i>		○ <i>Select: Current Term</i>
✓ <i>Click on: Generate Request</i>		○ <i>Click on: Continue</i>
✓ <i>Click on: Detail Requirements button</i>		○ <i>Program: Select a program</i>
✓ <i>Click on: Submit</i>		○ <i>Click on: Continue</i>
✓ <i>Print using landscape as the paper orientation</i>		○ <i>First major: Select a major</i>
		○ <i>Click on: Submit</i>
		○ <i>Click on: Generate Request</i>
		○ <i>Click on: Detail Requirements</i>
		○ <i>Click on: Submit</i>
		○ <i>Print using landscape as the paper orientation</i>



For Phi Theta Kappa Use Only:

CUM GPA _____ YES _____

PROGRAM GPA _____ NO _____

By: _____
Phi Theta Kappa Advisor

FILL OUT THIS PAGE ONLY IF YOU ARE A PHI THETA KAPPA MEMBER.

NOTICE! SUBMIT THIS FORM ALONG WITH YOUR APPLICATION FOR GRADUATION!

Dear Phi Theta Kappa Member,

Please fill out this form and return it to the Records Office with your graduation packet when you apply for graduation. This is so we can honor you in the graduation program. We need your complete address, written neatly, in order to send you your gold seal, which you can then affix to your diploma. If your address does not match your current address in your myCommNet you need to complete a Change of Address form at the Records Office.

Name: _____

Address: _____

Student ID # @ _____

Phone Number: __ (_____) _____ (_____) _____
(home) (cell)

Semester you joined Phi Theta Kappa: Fall _____ Spring _____ Year _____

Norwalk Community College encourages Phi Theta Kappa members to wear the gold monogrammed stole and gold tassel at Graduation, but **YOU ARE RESPONSIBLE FOR ORDERING THEM.** To order your Phi Theta Kappa stole and tassel, please go to www.ptk.org and click on "Recognitions."

COURSE SUBSTITUTION FORM

SECTION I

STUDENT INFORMATION with REQUEST FOR WAIVER / SUBSTITUTION

1. Completely fill out this section **in consultation with your advisor.**
2. Present this form with your Curriculum Check Sheet and Student Degree Evaluation to your Program Coordinator / Advisor.
3. This form must be signed by you, your program coordinator, and the Department Chairperson of the course to be waived.
4. Return the completed form to the Records Office - room E102 by the *Application for Graduation* deadline.

STUDENT ID: @_____

STUDENT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: Home _____ Cell _____

CURRICULUM: _____

ANTICIPATED GRADUATION DATE: _____

COURSE REQUESTED TO BE WAIVED: _____

COURSE REQUESTED TO BE SUBSTITUTED: _____

LIST ANY PREVIOUS COURSES THAT WERE WAIVED: _____

STUDENT'S SIGNATURE: _____ **Date:** _____

SECTION II

PROGRAM COORDINATOR and DEPARTMENT CHAIRPERSON

1. Review the Curriculum Check Sheet / Degree Evaluation to verify the legitimacy of the course substitution.
2. Sign and date this form after indicating below either approval or disapproval of the above substitution.

As Coordinator of the _____ curriculum I have reviewed the student transcript and check sheet / degree evaluation.

I **APPROVE** THE ABOVE COURSE WAIVER / SUBSTITUTION _____

I **DISAPPROVE** THE ABOVE COURSE WAIVER / SUBSTITUTION _____

REASON FOR APPROVAL OR DISAPPROVAL:

Coordinator's Signature: _____ **Date:** _____

If Approved:

Signature / Concurrence of Department Chairperson of Course to be Waived:

_____ **Date:** _____