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# Graduation Application

The Office of the Registrar strongly recommends you meeting with an academic counselor prior to applying for graduation.

CASHIER S USE	
Duplicate Diploma Fee:	_____
Processed by:	_____
Date:	_____
Receipt #:	_____

Student ID or Social Security # \_\_\_\_\_

Name (*print clearly*) \_\_\_\_\_  
(Primary name in MyCSN is what will show on diploma).

Address \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_

E-mail (*required*) \_\_\_\_\_

Degree Type (*exact title*): Check one and complete with major or occupational area:

- Associate of Applied Science (AAS) in – \_\_\_\_\_  
Major/Emphasis
- Associate of Arts (AA)
- Associate of Arts (AA) in – \_\_\_\_\_  
Major/Emphasis
- Associate of Business (AB)
- Associate of General Studies (AGS)
- Associate of Science (AS)
- Associate of Science (AS) in – \_\_\_\_\_  
Major/Emphasis
- Bachelor of Applied Science (BAS) in – \_\_\_\_\_  
Major/Emphasis
- Bachelor of Science (BS) in – Dental Hygiene
- Certificate of Achievement \_\_\_\_\_  
Major/Emphasis

I expect to meet all requirements in the following semester/year: Spring  $\frac{20}{\text{Year}}$  Summer  $\frac{20}{\text{Year}}$  Fall  $\frac{20}{\text{Year}}$

**Select one:** In no case may a student use a catalog which is more than six years old at the time of graduation.

- \_\_\_\_\_ Catalog, year you first enrolled at CSN.
- \_\_\_\_\_ Catalog, year you declared /changed major.
- \_\_\_\_\_ Current catalog year.

In addition to the work I have completed at CSN, I have received transfer credit from the following Institutions:

Name of Institution(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICIAL USE ONLY
Date stamp, initial

- Substitutions/Waivers used.  YES  NO
- College Level Exam Program (CLEP) used.  YES  NO
- Non-Traditional Education Credit used.  YES  NO

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

GRADUATION DEPARTMENT ONLY:	
Approved for Graduation _____	Comments _____
Denied for Graduation _____	_____
Final G.P.A. _____	_____