



Graduation Application

If you have questions about completing this form, please call 361-698-1248. Please submit the completed form to the Office of the Registrar, Del Mar College, in the Harvin Center–Room 270, or at the Coleman Center–Room 128.

Name (please print): _____ Phone: _____

Student ID or Date of Birth: _____

Semester and Year you completed or will complete your program: Fall Spring Summer Year: 20_____

Mailing address for diploma: Street Address: _____

City: _____ State: _____ Zip: _____

If the above address is different than your WebDMC, this form will act as a change of address for your *mailing* address only

Please select the appropriate choice below:

- I have completed all the program requirements (or am enrolled in my final semester) for an award.
- I have attended a four-year institution and will have my credits transferred (Reverse Credit Transfer).

Indicate the major code and award level for which the requirements have been met. Use a separate line for each award.

IMPORTANT

Major Code (Ex: BUAD, CRIJ, LIBA, OTA)	Award Level (Ex: AA, AS, AAT, AAS, CER1, CER2, OSA)

- All email correspondence will be sent to your WebDMC email account.
- By submitting this form, I understand participation in commencement does not ensure graduation from Del Mar College.
- Successful completion of program requirements is required for graduation from Del Mar College
- Evaluation of requirements will begin after final grades are posted for the term.
- Students must have an accumulative GPA of 2.0 in order to graduate.
- If requirements are met, you will receive your diploma 6-8 weeks after commencement.

I will I will not Participate in the Commencement Ceremony.

I do I do not Want my name in printed materials for commencement.

Initial and check all that apply:

_____ I require special accommodations during the ceremony. (You will be contacted by our office with further instructions.)

_____ I am a member of the U.S. Armed Forces. Active Duty Veteran

Signature: _____ Date: _____

Once submitted, email all changes to graduation@delmar.edu. Please ensure that all transcripts from other schools arrive to the Student Enrollment Center before the end of the term to be considered.

Office Use Only	
PERC _____	Mailing Address Changed _____ SACP _____ SGRD _____ Date Entered _____ Tech Initials _____