

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.



Graduation Application

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	
Major Code	Award Level
Ex: BUAD, CRIJ, LIBA,	Ex: AA, AS, AAT, AAS,

IMPORTANT

- All email correspondence will be sent to your webDMCemail 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.
- All subsequent degrees must differ from prior degree by 20% of the required semester hours.
- Students must have completed 25% of their degree requirement from Del Mar College.
- 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 & check all that apply

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

<input type="checkbox"/>	I am member of the US Armed Forces.	____Veteran	Active Duty
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Student's Signature: _____ Date: _____

*** * Graduation applications must include a system generated academic evaluation for each credential signed by your academic advisor. * ***

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.

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