



GRADUATION APPLICATION

This form is to request evaluation to earn your degree/certificate from SCC.

SCC Transcript Office

1810 N Greene St MS 2151

Spokane, WA 99217-5499

Email: Transcripts@scc.spokane.edu

Ph: 509.533.7001 • Fax: 509.533.8887

DIRECTIONS: Turn in this form two quarters before you plan to graduate, and no later than the last day of your final quarter. You'll get an email sent to the address in your ctcLink account within 1–3 business days to confirm we got your application. Within 1–2 weeks, you'll get another email letting you know if you're on track to graduate.

CONTACT INFORMATION: Information will be sent to your email listed in ctcLink, please ensure it is accurate.

First Name _____ Last Name _____
Type/print your name exactly as you want it to appear on your diploma.

ctcLink ID Number _____ Phone _____

Your diploma will be sent to the address listed in ctcLink approximately 4-6 weeks after your final quarter ends.

PROGRAM COMPLETION INFORMATION:

Write your program name and the quarter and year you plan to graduate below.

☐ Summer (July-Aug.) ☐ Fall (Sept.-Dec.) ☐ Winter (Jan.-March) ☐ Spring (April-June)

Certificates earned by completing your degree will be automatically awarded.

DEGREE NAME	CERTIFICATE NAME

☐ SCC High School Diploma - Select this box if you are completing an Associates Degree (AA, AS, or AAS) at SCC and have not been awarded a high school diploma elsewhere.

STUDENT SIGNATURE

I hereby apply for graduation and certify that to the best of my knowledge all of the above information is correct. I accept the responsibility to complete the requirements for the degree and/or certificate for which I am applying. I also understand it is my responsibility to return this completed form to the SCC Transcript Office and to update my address in ctcLink. In addition, my signature either typed or signed, authorizes use of my name in the Commencement Program.

Student signature (REQUIRED) _____ Date _____

If using credits from another college, including SFCC,
an official copy of that transcript must be received by SCC before degree/certificate can be awarded.

FOR OFFICE USE ONLY

Date Received: _____ Received by: _____

Initial Evaluation: _____ Date: _____

Missing requirements: _____

Final Evaluation: _____ Date: _____

Cumulative GPA: _____ Degree GPA: _____ Date: _____