

| Academic Year:20_ |
|-------------------|
| Fall: |
| Spring: |
| Summer: |

Independence Community College APPLICATION FOR GRADUATION

APPLICATION DEADLINES: Fall - October 15th Spring - March 1st

| NAME TO APPEAR ON DIPLOM | ЛА (<u>PLEASE PRINT</u>): | ICC ID Number: | | | | | |
|---|------------------------------|--------------------------|---------------------|--|--|--|--|
| FIRST | MIDDLE | LAST | | | | | |
| I expect to graduate with the | following degree: | | | | | | |
| AA:AFA:AS: | _AGS:AAS:CI | ERT: MAJOR: | | | | | |
| • Phi Theta Kappa member Yes No | •Military Veteran Yes No | • SSS participant Yes No | • SGA member Yes No | | | | |
| • Do you plan on walking in | the ceremony? Yes | No | | | | | |
| Please complete the following <u>only</u> if you plan on walking (if you are not walking, you will not receive graduation regalia). | | | | | | | |
| Height: Approximate | Weight:lbs. Multi | cultural Stole: Yes | No | | | | |
| | Must be completed to order g | graduation regalia. | | | | | |
| ADDRESS WHERE YOU WANT DIPLOMA/CERTIFICATE MAILED (PLEASE PRINT): | | | | | | | |
| Street: | t:Apt#: | | | | | | |
| City: | Sta | iteCountry | Zip | | | | |
| Cell Number: | Email: | | | | | | |
| READ CAREFULLY: (1) I understand that it is my responsibility to know and to fulfill the degree requirements. (2) I understand that all correspondence regarding graduation will be sent to my ICC email. (3) I understand a \$40 fee per degree will be added to my student account regardless of if I participate in the ceremony. | | | | | | | |
| Student Signature: | Adviso | or Signature: | Date: | | | | |
| Approved: | Student needs to comple | te:hours, inc | luding | | | | |

ADVISOR: This completed form must be signed by the student and you and returned with all supporting documentation attached (degree audit checklist, substitutions, Graduate Survey, etc). Incomplete submissions will be returned to you.

STUDENT: With your completion of this application, an official evaluation of your transcript will occur. You will be notified if graduation requirements are not met or if you need additional classes. When the faculty has turned in all grades, a final degree check will be completed. If all of your records are in order, the graduation notation will be added to your transcript within 2-3 weeks and you should receive your diploma within 4-6 weeks, provided all of your obligations

| to the college have been met and transcript(s) as soon as possible. | there are no holds on y | our account. If transferrir | ng hours to Independence | e Community College, ple | ase submit official |
|---|-------------------------|-----------------------------|--------------------------|--------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Graduate Exit Interview

Please fill out the following exit interview by filling in the appropriate blanks. This information will be kept confidential.

| GENDER | AGE RANGE | | RACE/ETHNICITY | | | NICITY | ľ | TYPE OF | | |
|---|-----------------------------|-------------------------|----------------------------------|------------|------------|-------------|---------------------------------------|------------------------|--|--|
| o Male | O 17 or younger | | O American Indian/Alaskan Native | | | | kan Na | tive | DEGREE/CERTIFICATE | |
| o Female | O 18 - 22 | | O Black/Non-Hispanic | | | | ilaii i vo | | Associate of Art, Fine Arts, or | |
| o Prefer Not | O 23 - 29 | | | | | slande: | | | Science | |
| to Respond | | | | | | | 1 | | Associate of Applied Science | |
| | O 30 - 39 | | _ | anic/I | | | | | Associate of General Studies | |
| | O 40 - 49 | 0 | White | e/Non | -Hisp | oanic | | | ○ Certificate | |
| | ○ 50 or older | | | | | | | | | |
| Was Independence Community College your first choice when you decided to attend college? OYes ONo Did you participate on an athletic team(s)? If so, please specify which one. | | | | | | | | | | |
| | | | • | - | • | WIIICI | | | | |
| O Basketl | | asketba | 11, W | omen | | | _ | heer/St | 2 | |
| O Volleyt | oall \bigcirc F | ootball | | | | | O S | oftball | ○ E-Sports | |
| | on of ICC's Services | 1-Very Disappointing | 2-Disappointing | 3_A vorogo | J-Avel age | 4-Rewarding | 5-Very Rewarding | Not Applicable | Did you achieve your educational goal(s) through attendance at ICC? OYes O Partially O No | |
| Admissions Off | ice | 0 | 0 | | | 0 | 0 | 0 | After graduation, I plan to: | |
| Advising | | 0 | 0 | |) | 0 | 0 | 0 | O Continue my education | |
| Business Office | | 0 | 0 | | | 0 | 0 | 0 | Get a job in my field of study | |
| Faculty | | 0 | 0 | | | 0 | 0 | 0 | 4 | |
| Financial Aid Food Services | | 0 | 0 | | | 0 | 0 | 0 | O Join the armed services | |
| Housing | | 0 | 0 | | | 0 | 0 | 0 | Other (please specify) | |
| Library Services | 2 | 0 | 0 | | | 0 | 0 | 0 | - | |
| Student Activitie | | 0 | <u> </u> | | | 0 | 0 | 0 | Would you recommend attending ICC | |
| Student Support | | 0 | $\overline{}$ | | | 0 | 0 | \overline{C} | your friends? | |
| | | | | | | | | O Yes O Uncertain O No | | |
| Your Evaluation | on of ICC's Instruction | | | Very Good | Good | Fair | Poor | Very Poor | Do you feel that your experiences at ICC improved the quality of your life? | |
| Quality of instr | | | | 0 | 0 | 0 | 0 | 0 | ○ Yes ○ Uncertain ○ No | |
| Instructor's kno | owledge of subject(s) | | | 0 | 0 | 0 | 0 | 0 | | |
| Course objectives & requirements were made clear | | 0 | 0 | 0 | 0 | 0 | How do you rate your two-year college | | | |
| Content of course(s) | | 0 | 0 | 0 | 0 | 0 | experience at ICC as preparation for | | | |
| Methods of instruction | | 0 | 0 | 0 | 0 | 0 | continuing your education? | | | |
| Class size | | 0 | 0 | 0 | 0 | 0 | O Very Good | | | |
| Availability of courses at convenient times. | | 0 | 0 | 0 | 0 | 0 | ○ Good ○ Fair | | | |
| Availability of instructors during office hours. | | 0 | 0 | 0 | 0 | 0 | O Poor | | | |
| | e of online instruction. | | | 0 | 0 | 0 | 0 | 0 | O Verv Poor | |
| | services for online student | S. | | 0 | 0 | 0 | 0 | 0 | Please feel free to share additional comments or | |
| Availability of a | | | | 0 | 0 | 0 | 0 | 0 | suggestions on a separate page. | |