

APPLICATION FOR GRADUATION Complete a separate application for each program from which you are graduating.

Directions: Please complete all i	nformatio	n. Please	PRINT.	Today's Date:	
Name:(Your diploma name will be the same one that is on file in your official Gateway Technical College re				ID#:	
Prior Name (s):			SS	#:	
C (A 11					
Street or P	O Box		City	State	Zip
Phone #:	(Home)		Phone #:		(Work or Cell)
E-mail:					
Address Degree/Diploma should be	mailed to	(if differe	nt than above):		
Street or P	O Box		City	State	Zip
Program you intend to graduat	e from:				
		Racine		duation Date:	
 expected graduation date. I am employed (or job pending) I am employed/underemployed, I have no need for job placemen Other	and do not nee but looking fo t services at th	ed job placen or employmer his time, but I	t. Have the Gateway Job know services are availab	Placement Office contact i ble in the future.	me.
Office Use					
Preliminary Audit: Tentative Grad?	• Yes		No Counselor's Ini	tials SGRD I	Entered:
Comments:					
GPA Eligible for Honor Cor	ds?	🗖 D	istrict (3.75–3.89 White	e)	sident's (3.9+ Gold)
Final Approval to Release as Graduate:	• Yes		o Final Audit	by:	_ (Initial & Date)
Final GPA:	District H	onors (3.75-	-3.89 White)	President's Ho	nors (3.9+ Gold)
Records Staff: Grad Date:		Dipl	oma and Final Transcrip	pt Sent:	(Date)