APPLICATION FOR GRADUATION

APPLICATION INSTRUCTIONS

1. Complete and submit this application, by the deadline date, to the Admissions and Records office.

2. Complete the Proficiency Exam (Northeast State’s exit examination) and major field test(s), if required. There is no fee for the exams.

3. If you do not graduate in the anticipated semester, you must submit a new application prior to the graduation deadline published in the academic calendar.

4. Meet with your academic advisor to ensure degree and/or certificate requirements will be or have been met.

For Graduation Application Deadlines please see the academic calendar
CAREER SERVICES INFORMATION FORM
(TO BE COMPLETED BY ALL GRADUATES)

First Name: ___________________________________________ Last Name: ______________________________________
Phone Number: ________________________________________ E-mail: _________________________________________
Alternate Contact & Number (required): _________________________________________________________________

Graduation Date: ______________________ Major: __________________________________________

1. Are you presently employed? ____ Yes  ____ No (Skip to question #4)

2. If yes, please give the following information:
   A. Place of employment: ______________________________________________
   B. Starting Job Title: ______________________________________________
   C. Indicate your starting salary range:
      ____ Below $15,000  ____ $25,001-30,000  ____ $40,001-45,000
      ____ $15,001-20,000  ____ $30,001-35,000  ____ $45,001-50,000
      ____ $20,001-25,000  ____ $35,001-40,000  ____ Above $50,000

   Current Job Title: ______________________________________________
   Indicate your current salary range:
      ____ Below $15,000  ____ $25,001-30,000  ____ $40,001-45,000
      ____ $15,001-20,000  ____ $30,001-35,000  ____ $45,001-50,000
      ____ $20,001-25,000  ____ $35,001-40,000  ____ Above $50,000

3. Is your job related to the education you received at Northeast State?  ____ Yes  ____ No

4. If you are not presently employed, please indicate all reasons which best describe your situation:
   Pursing further education at: ____ No jobs available in my field
   ____ Medical condition  ____ Have not sought a job in my field
   ____ Family/Home Responsibilities  ____ Other (please specify):
   ____ Military Service  ___________________________________________
   ____ Volunteer/Religious Services

5. Are you interested in services by the Career Services Office?  ____ Yes  ____ No

Signature: ___________________________________________ Date: _________________________________________

The Tennessee Board of Regents is the nation’s sixth largest higher education system, governing 46 post-secondary educational institutions. The TBR system includes six universities (including TTU), 13 two-year colleges and 27 technology centers, providing programs in 90 of Tennessee’s 95 counties to more than 200,000 students.

Northeast State is committed to the education of a non-racially identifiable student body. The college does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in the provision of educational opportunities or employment opportunities and benefits. The college complies with Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Inquiries concerning nondiscrimination policies and guidelines should be directed to the director of Human Resources.

Northeast State is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033 or call 404.679.4500 for questions about the accreditation of Northeast State.
APPLICATION FOR GRADUATION

PERSONAL DATA:

Name: _________________________________________________________________  Student ID: __________________________

(Print your name as you wish it to appear on your diploma)

CONTACT INFORMATION:

Mailing Address: ______________________________________________________________

Street  City  State  Zip  (  ) _______ Phone

E-mail Address: ______________________________________________________

(Please notify the Registrar of any changes in name, address, or telephone number.)

CAP AND GOWN INFORMATION:

Height:____________________Weight:_________________  ☐ Male  ☐ Female

(Your cap and gown will be ordered based on the information provided on this application.)

DEGREE INFORMATION:

Indicate the semester, degree and/or certificate, and emphasis for which you intend to satisfy the requirements for graduation.

☐ Fall ______  ☐ Spring ______  ☐ Summer ______  Catalog year_______

(Note: If you do not graduate in the anticipated semester, you must submit a new application prior to the graduation deadline published in the Academic Calendar for the semester in which you plan to graduate.)

_____Associate of Arts with an emphasis in: ______________________________________________________

_____Associate of Science with an emphasis in: ______________________________________________________

_____Associate of Science in Teaching

_____Associate of Applied Science with a concentration in: ______________________________________________________

_____Certificate in: ______________________________________________________

Do you plan to participate in the commencement exercises in May?  ☐ Yes  ☐ No

If no, why? _______________________________________________________________________________

I grant permission for Northeast State Community College to print my name, degree, major, and graduation honors in the commencement program and local newspapers.

I understand that if I have a non-release of directory information hold on my records at Northeast State my personal information will not be printed in any commencement-related publications.

__________________________________________  __________________________________
Student Signature             Date
Missing Requirements

Course(s)

______________________________________   ______________________________________

______________________________________   ______________________________________

______________________________________   ______________________________________

Comments

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Official Signatures

Comments__________________________________________________________________________________________________

☐ Approved    ☐ Denied    Denial Reason__________________________

______________________________________________________

Academic Advisor         Date

Comments__________________________________________________________________________________________________

☐ Approved    ☐ Denied    Denial Reason__________________________

______________________________________________________

Academic Dean     Date

Comments__________________________________________________________________________________________________

☐ Approved    ☐ Denied    Denial Reason__________________________

______________________________________________________

Vice President     Date

Processed in Registrar’s Office

Registrar’s Signature: ____________________________________________________ Date: ______________________________