PAMLICO
COMMUNITY COLLEGE
DISCOVER TOMORROW'S *POSSIBILITIES*

APPLICATION FOR GRADUATION

To be completed by Advisor:

Name: _____   Student ID #: _____

Check All Programs From Which Student is Graduating:

☐ A10100	☐ C45280C	☐ C55270
☐ A10100PT	☐ A55220BK	☐ A45380
☐ A10300	☐ A55220CT	☐ A4538E
☐ A10400	☐ D55220BK	☐ C45380
☐ A25800	☐ D55220CT	☐ C4538E
☐ D25800	☐ C55220	☐ A45400
☐ C25800	☐ C55220AD	☐ D45400
☐ A25120	☐ C55220IT	☐ C45400B
☐ C25120	☐ C55220PS	☐ C45400C
☐ C25120B	☐ C55220SA	☐ A25310G
☐ C25120C	☐ A35130	☐ D25310
☐ C25120D	☐ C35130A	☐ C25310
☐ D55140	☐ C35130B	☐ C25310A
☐ C55140C	☐ C35130M	☐ C25310B
☐ A55180	☐ A45320	☐ A50420
☐ D55180	☐ A20140	☐ D50420
☐ C55180	☐ C20140B	☐ C50420
☐ C55180B	☐ A20230	☐ C50420A
☐ A45280	☐ C20230A	☐ C50420B
☐ D45280	☐ C20230B	☐ C50420C
☐ C45280A	☐ C20230C	
☐ C45280B	☐ C55230	

Date Program Was or Will Be Completed: _____

Faculty Advisor's Name: _____

I have reviewed this student's transcript and believe that, if they complete the course(s) in which they are currently enrolled, they will meet the course requirements for graduation.

Advisor Signature: _____ Date: _____

To be completed by Student:

> **Print your name as you wish it to appear on the award. Take this form to the college library for signature before you return it to Student Services.** It is the student's responsibility to see that Student Services has a current address at all times prior to graduation. We cannot assume responsibility for important notifications to the student regarding the status of the student for graduation being sent to the wrong address.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Personal Email:_____

Graduation Ceremony Attendance

All students are encouraged to attend the graduation ceremony. Students unable to attend will have the option to make arrangements to pick up awards. Student Services will mail uncollected awards two weeks following the graduation ceremony.

I Will Attend the Graduation Ceremony: _____Yes _____ No

**If your initial RSVP changes prior to the ceremony, please notify Student Services as soon as possible.

Graduation Survey

All graduating students are required to complete the Graduation Survey. Please answer all questions. This information is confidential and will only be used by the college for various reporting purposes. Thank you for your participation.

Questions					
Please rate the following	**Don't Know**	**Very Dissatisfied**	**Dissatisfied**	**Satisfied**	**Very Satisfied**
Quality of instruction in program area courses					
Quality of instruction in other courses					
Quality of instruction in online courses					
Overall quality of academic program					

Quality of:					
Please rate the following	**Don't Know**	**Very Dissatisfied**	**Dissatisfied**	**Satisfied**	**Very Satisfied**
Academic Advising					
Library					
Registration					
Admissions					
Student Activities					
Campus Security					
Overall quality of the college					

PCC is an Equal Opportunity College

My goal(s) for attending this community college was/were: (Please check all that apply)

Earning an Associate Degree, Diploma or Certificate	Improving existing job skills
Preparing for/getting a new job	Personal interest
Transferring to a four-year college/university	Other (specify such as GED)

I accomplished my goal(s): ___Yes, completely   ___Yes, partially   ___No

If you did not check yes, completely, please briefly explain why below:

Are you currently employed or self-employed? ___Yes   ___No

If yes, Employer name: _____

City & State: _____ Job Title: _____

Is your employment related to your field related to your program of study?   ___Yes   ___No

Do you plan to continue your education in the next 6-12 months? ___Yes   ___No

If so, what field of study? _____

What has the college done that most affected your ability to accomplish your goals?

If you had to do it over again, would you choose to attend PCC?   ___Yes   ___No   ___Not Sure

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