



# Application for Graduation

CANKDESKA CIKANA  
COMMUNITY COLLEGE

*Spirit Lake Dakota Nation  
Fort Totten, ND*

Graduate Date: \_\_\_\_\_ Semester \_\_\_\_\_ Year

(To the candidate) Print your name legibly and exactly as it should appear on your diploma. Check the correct diploma and curriculum in which you design to graduate. Present application to your advisor for a signature and return the complete application form to the Registrar's office.

Name \_\_\_\_\_  
First Middle Last

Student ID# \_\_\_\_\_

TYPE OF DIPLOMA

CURRICULUM

\_\_\_\_\_ Associate of Applied Science

\_\_\_\_\_

\_\_\_\_\_ Associate of Arts

\_\_\_\_\_

\_\_\_\_\_ Associate of Science

\_\_\_\_\_

\_\_\_\_\_ Certificate

\_\_\_\_\_

(To the candidate) I understand that if I do not complete my prescribed curriculum, I cannot graduate.

\_\_\_\_\_ Date Student's Signature

I agree that the above student is in the process of completing the prescribed courses (or acceptable substitutions) in the above curriculum and recommend that the student be considered a candidate for the above degree or certificate.

\_\_\_\_\_ Date Advisor's Signature



### FOR STUDENT SERVICES USE

I certify that this student has a total number of credit hours of \_\_\_\_\_ in the stated curriculum and has a cumulative grade point average of \_\_\_\_\_. I recommend that this student receive the above diploma based on this information.

\_\_\_\_\_ Registrar Diploma Granted Date