

DENMARK TECHNICAL COLLEGE

APPLICATION FOR GRADUATION

Degree Diploma Certificate

December

May

July

Year _____



All Information must be typewritten or printed

Section I: (Must be completed by the Student)

Name: _____ ID#: _____
Last First Middle

Address: _____ Telephone: (____) _____
Street, P. O. Box, and Apt. #

_____ Email: _____
City, State, Zip Code

Semester Applicant Entered DTC: Fall _____ Spring _____ Summer _____

Major: _____

Section II: (Must be completed and signed by the following offices and returned to the Record Office)

Application Approved By: _____
Program Advisor (*Clearance Form and Curriculum Display must be Attached*)

Division Dean

Director of Financial Aid

Business Office

Institutional Research and Planning

Alumni and Development Manager

_____ Height: _____ Weight: _____
Student Services

Director of Career Planning & Placement

Professional Resume

Career Planning & Placement Information Sheet

Register for the Project Success Assessment

Verification of Registration with SC Works

FINAL APPROVAL: _____
Registrar



OFFICE OF THE REGISTRAR ~GRADUATION CLEARANCE FORM~

Part I. **RECOMMENDATION FOR GRADUATION**

Student's Name: _____

I, the undersigned, certify that I have carefully examined the program of study for the above Named student and have that he/she has met the requirements of the Division of:

- Arts and Sciences
- Business, Computer & Related Technologies
- Public Services
- Industrial & Related Technologies
- Nursing

I approve the program of study pursued by this student and recommend him/her as a candidate for graduation as of _____ with a major in _____.

It is understood that my recommendation is based on the fact that the student must complete satisfactorily in all courses now in progress and meet all other necessary requirements before the degree, diploma or certificate is conferred.

Signed: _____
Academic Advisor

Date: _____

Signed: _____
Division Dean

Date: _____

Part II. **NOT RECOMMENDING FOR GRADUATION**

Student's Name: _____

I, the undersigned, certify that I have carefully examined the program of study and found that the above student has not met the requirements of the Division of _____ and the College.

The above named student is **not recommended** for graduation due to the following reason(s):

Signed: _____
Academic Advisor

Date: _____

Signed: _____
Division Dean

Date: _____



Denmark Technical College

Career Planning and Placement Exit Form

Student Name: _____

Student ID: _____

Email Address: _____

Cell: _____

Current Program Major: _____ Academic Advisor _____

Anticipated Graduation Date: _____ Current GPA: _____

Education Information

Do you have a high school diploma or GED? Yes No

Do you already have a certificate from DTC? Yes No Name of Certificate: _____

Are you planning to transfer to a four year institution upon graduating from DTC? Yes No

Are you planning to transfer to another two year institution upon graduating from DTC? Yes No

Identify your college of choice upon graduating from Denmark Technical College: _____

Post-Secondary Application Completed: Yes No Prospective Major: _____

Prospective College Financial Aid Completed: Yes No

Default Counseling Information For Default counseling see the Financial Aid Office.

Default Counseling Received? Yes No

Do you understand the ramifications of entering into default? Yes No

Director of Financial Aid Signature: _____ Date: _____

Employment Information

Are you currently employed? Yes No Are you currently looking for work? Yes No

Is your current job in your field of study? Yes No

Do you have a medical reason for not being able to work? Yes No Explain: _____

Do you currently have a criminal record? Yes No Explain: _____