APPLICATION FOR GRADUATION

THIS FORM MUST BE RETURNED TO THE REGISTRAR’S OFFICE BY THE PUBLISHED APPLICATION DEADLINE ACCORDING TO THE CATALOG.

NAME______________________________________________________________________________________________________________

(Print your name exactly as it should appear on your diploma, nicknames should not appear on official diplomas) STUDENT ID #

DIPLOMA MAILING ADDRESS: Your diploma mailing address may be different from your address on file. Address changes to the College records will NOT update this address. Diplomas are mailed 6 – 8 weeks from the end of the term.

A $25 GRADUATION FEE APPLIES TO ALL DEGREE; NOT CERTIFICATES.

Diploma Mailing Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

TELEPHONE NUMBER

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<tr>
<th>Home</th>
<th>Work</th>
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</thead>
</table>

Graduation Term (Check one):     _____ Fall     _____ Spring     _____ Summer     Year __________

PROGRAM CODE  AWARD

<table>
<thead>
<tr>
<th>Program Code</th>
<th>Program Title</th>
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<tbody>
<tr>
<td>000</td>
<td>B.A.S. - BACHELOR OF APPLIED SCIENCE</td>
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<tr>
<td>000</td>
<td>B.S. - BACHELOR OF SCIENCE</td>
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<td>000</td>
<td>A.A. - ASSOCIATE IN ARTS</td>
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<tr>
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<td>A.A.S. - ASSOCIATE IN APPLIED SCIENCE</td>
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<tr>
<td>000</td>
<td>A.S. - ASSOCIATE IN SCIENCE</td>
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<td>000</td>
<td>C.C. – COLLEGE CREDIT CERTIFICATE</td>
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<td>V.C. – VOCATIONAL CERTIFICATE</td>
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<tr>
<td>000</td>
<td>A.T.D. – APPLIED TECHNICAL DIPLOMA</td>
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</table>

At the end of the (Fall/Spring/or Summer) ___________ year __________, I will have completed all the requirements for the award indicated above as listed in the College Catalog.

The College is authorized to release your name and address to educational institutions for college recruiting and scholarship opportunities, and will list your name in any brochures, bulletins, programs, or newspaper releases, unless you complete a NOTIFICATION TO DENY RELEASE OF DIRECTORY INFORMATION FORM through the Office of the Dean of Students. By signing below the student acknowledges there is a $25 graduation fee for a degree that is due, if applicable, upon application submission.

________________________________________  __________________________
Date                                              Signature of Applicant

AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION
7/20/15
Northwest Florida State College
Graduation Survey

Name (optional) ________________________________ Date ____________

- Did you attend NWFSC:  Primarily Full-time ☐  Primarily Part-time ☐
- Did you work while attending NWFSC?  Yes, full-time ☐  Yes, part-time ☐  Sometimes ☐  No ☐
- Degree(s) that you expect to receive:  B.A.S.  B.S.  A.A.  A.S.  A.A.S.  Certificate  A.T.D.
- Major area of study at NWFSC: ______________________________
- Do you plan to attend another college or university?  Yes ☐  No ☐  If yes, where? __________
- If yes, what is your intended major? ______________________________
- Will you be employed when you graduate?  Yes ☐  No ☐
- Is this occupation/job within the field for which you are receiving your degree?  Yes ☐  No ☐
- What did you like best about NWFSC and why? ______________________________
- What did you like least about NWFSC and why? ______________________________
- Please comment on any other part of your student experience at NWFSC: ______________________________

- How would you rate NWFSC overall in the program in which you enrolled?  Outstanding ☐  Good ☐  Neutral ☐  Poor ☐  Very Poor ☐
- How would you rate NWFSC in helping you achieve your educational goals?  Outstanding ☐  Good ☐  Neutral ☐  Poor ☐  Very Poor ☐
- Would you recommend NWFSC to other potential students?  Yes ☐  No ☐

Why or why not? ________________________________________________

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For the NWFSC campus(es) that you primarily attended, please rate each of the following area as to its effectiveness:

*If you are not familiar with a particular location or service, you may leave that section blank.*

<table>
<thead>
<tr>
<th>Campus</th>
<th>Faculty Instruction</th>
<th>Course/Schedule Planning</th>
<th>Registration</th>
<th>Student Activities</th>
<th>Career Advising</th>
<th>Academic Advising</th>
<th>Athletic Program</th>
<th>Financial Aid</th>
<th>Testing Services</th>
<th>Food Services</th>
<th>Library Services</th>
<th>Job Placement Services</th>
<th>Tutoring/Learning Support</th>
<th>Computer Labs</th>
<th>Classroom Facilities</th>
<th>NWFSC Web Site</th>
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Dear Student:  

Each year, at the college’s annual graduation ceremony in May, the NWFSC Alumni Association honors a faculty member who has been selected by students as **Instructor of the Year**. We invite you to vote for an instructor who had the most positive impact on your education during your time as a student at Northwest Florida State College. Since the president of the Alumni Association presents the award, we thought it would be appropriate to have our graduating students make this selection.

Please include both the instructor’s name and the course on this ballot and turn it in with your application for graduation. Thank you for your participation.

Name of Instructor: _____________________   Course Name or Department: _____________________

*FOR PLANNING PURPOSES:* The annual graduation ceremony will be held on the Niceville Campus, usually during the first week of May. A letter will be sent during the Spring Term (usually in March) with information about the ceremony and instructions for all graduates and potential graduates.