

NORTHWEST FLORIDA STATE COLLEGE
APPLICATION FOR GRADUATION – CERTIFICATE & DIPLOMA PROGRAMS
A Separate Application Form Must Be Submitted for EACH Award

THIS FORM MUST BE RETURNED TO THE OFFICE OF ENROLLMENT SERVICES/REGISTRAR'S OFFICE BY THE PUBLISHED APPLICATION DEADLINE

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

DIPLOMA MAILING ADDRESS: *List the address where you want your diploma mailed. PLEASE NOTE: Address changes to the College records will **NOT** update this address. Changes to what you have listed here must be submitted in writing, under separate cover, directly to the Director of Enrollment Services/Registrar:*

Street City State Zip Code

TELEPHONE NUMBER _____
Home Work Cell

VOCATIONAL CREDIT CERTIFICATE (Please check below to note specific program)

- | | | |
|--|--|---|
| 5370 <input type="checkbox"/> Accounting Operations | 5575 <input type="checkbox"/> Customer Assistance Tech | 5092 <input type="checkbox"/> Law Enforcement Basic |
| 5150 <input type="checkbox"/> Administrative Assistant | 5570 <input type="checkbox"/> Customer Service Rep | |
| 5091 <input type="checkbox"/> Corrections Basic | 5000 <input type="checkbox"/> Dental Assisting | |

COLLEGE CREDIT CERTIFICATES & APPLIED TECHNOLOGY DIPLOMA (ATD) PROGRAMS (Please check below to note specific program)

- | | | |
|--|--|---|
| 6370 <input type="checkbox"/> Accounting Technology Mgmt (Certif) | 6581 <input type="checkbox"/> Digital Media/Multimedia Pres (Certif) | 6146 <input type="checkbox"/> Info Technology Management (Certif) |
| 6560 <input type="checkbox"/> Audio Technology (Certif) | 6582 <input type="checkbox"/> Digital Media/Multimedia Prod (Certif) | 6145 <input type="checkbox"/> Info Technology Technician (Certif) |
| 6052 <input type="checkbox"/> AutoCAD Foundations (Certif) | 6051 <input type="checkbox"/> Drafting (Certif) | 6382 <input type="checkbox"/> Marketing Operations (Certif) |
| 6381 <input type="checkbox"/> Business Management (Certif) | 6150 <input type="checkbox"/> E-Business (Certif) | B580 <input type="checkbox"/> Medical Coder/Biller (ATD) |
| 6021 <input type="checkbox"/> Child Care Center Mgmt (Certif) | 6151 <input type="checkbox"/> E-Business Software (Certif) | 6101 <input type="checkbox"/> Medical Office Mgmt (Certif) |
| 6020 <input type="checkbox"/> Child Dev/Early Intervention (Certif) | 6152 <input type="checkbox"/> E-Business Technology (Certif) | 6142 <input type="checkbox"/> Microcomputer Repair/Install (Certif) |
| 6140 <input type="checkbox"/> CISCO CCNA (Certif) | 6093 <input type="checkbox"/> Emerg Administrator & Manager (Certif) | 6100 <input type="checkbox"/> Office Management (Certif) |
| 6045 <input type="checkbox"/> Computer Programming (Certif) | 6096 <input type="checkbox"/> Emerg Medical Technician (Certif) | 6102 <input type="checkbox"/> Office Specialist (Certif) |
| 6046 <input type="checkbox"/> Computer Program Specialist (Certif) | 6440 <input type="checkbox"/> Graphics Design Production (Certif) | 6095 <input type="checkbox"/> Paramedic (Certif) |
| 6141 <input type="checkbox"/> Computer Specialist (Certif) | 6441 <input type="checkbox"/> Graphics Design Support (Certif) | 6024 <input type="checkbox"/> Preschool (Certif) |
| B575 <input type="checkbox"/> Customer Service Technology (ATD) | 6094 <input type="checkbox"/> Homeland Sec Emergency Mgr (Certif) | 6585 <input type="checkbox"/> Stage Technology (Certif) |
| 6580 <input type="checkbox"/> Digital Media/Multimedia Author (Certif) | 6022 <input type="checkbox"/> Infant/Toddler (Certif) | |

At the end of the (Fall/Spring/or Summer) _____ Year _____, I will have completed the requirements for graduation as listed in the College Catalog. (Note: Any exceptions to the cited requirements shall be specified and attached to this application when submitted.)

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.

Date Signature of Applicant

-----DO NOT WRITE BELOW THIS LINE -----

See Reverse for Course Listing

Total Credits Earned _____ GPA _____ Honors (3.50-3.79) _____ High Honors (3.80-3.99) _____ Highest Honors (4.00) _____

All applicable graduation requirements : _____ HAVE NOT BEEN SATISFIED _____ HAVE BEEN SATISFIED

Date Associate Dean, Student Services/Registrar

AN EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

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? _____

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.

	CAMPUS																																		
	NICEVILLE					FT. WALTON BEACH					CRESTVIEW					DeFUNIAK SPRINGS					EGLIN					HURLBURT									
	Highest		Lowest			Highest		Lowest			Highest		Lowest			Highest		Lowest			Highest		Lowest			Highest		Lowest							
Faculty Instruction	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Course/Schedule Planning	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Registration	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Student Activities	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Career Advising	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Personal Counseling	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Athletic Program	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Financial Aid	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Testing Services	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Food Services	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Library Services	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Job Placement Services	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Tutoring/Learning Support	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Computer Labs	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
Classroom Facilities	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
NWFSC Web Site	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1

Dear Student: Date: _____

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.