

# Arkansas Northeastern College Application for Graduation ~ 2018 - 2019

Four (4) guest graduation passes will be available for each participating graduate. The number of guest passes requested:

Additional guest passes **MUST** be requested at the Graduation Fair. If additional guest passes are available, graduates will be notified by your ANC e-mail by May 1st .  
***E-Mail, telephone & walk-in additional guest pass requests will not be honored.***

**PLEASE NOTE: NO GUEST WILL BE ADMITTED WITHOUT A GRADUATION PASS INCLUDING CHILDREN AND INFANTS.**

\* Summer graduates MUST complete a Graduation Petition

**Student Information**

Current Date

Student ID:  Name  E-mail  Phone #

Address  City  State  Zip Code

**Degree Information ~ Please use the Drop Down Boxes**

**Special Note: The Graduation Fee is Non-Refundable**

<p>Transfer Degree (\$40 graduation fee) <input style="width: 350px; height: 40px;" type="text"/></p> <p>1-Year Technical Certificate (\$40 graduation fee) <input style="width: 250px; height: 40px;" type="text"/></p> <p>Date Degree Requirements Met _____</p>	<p>2-Yr. Associate in Applied Science (\$40 graduation fee) <input style="width: 300px; height: 40px;" type="text"/></p> <p>Certificate of Proficiency (No graduation fee) <input style="width: 350px; height: 40px;" type="text"/></p> <p>Advisor's Signature (Required) <input style="width: 200px; height: 40px;" type="text"/></p> <p>Student's Signature (Required) <input style="width: 200px; height: 40px;" type="text"/></p>
--	---

**You MUST print/attach your degree audit reflecting degree requirements met**

**Drop-In & Measure for your Cap & Gown at the Graduation Fair**

Submit to application to Statehouse Hall/Registrar's Office OR fax to (870) 763-1654 OR e-mail to [rlowe@mail.anc.edu](mailto:rlowe@mail.anc.edu)

**Location: Statehouse Hall/Governors Ballroom**  
**Date/Time: March 13 & 14, 10:30 am - 5:30 pm**

**Ceremony Rehearsal: Thursday, May 16, 2019, 9:00 a.m., Briggs/Sebaugh Wellness Center**

**Graduation Ceremony: Friday, May 17, 2019, 2:00 p.m. Briggs/Sebaugh Wellness Center**

**Office Use Only**

Date Received \_\_\_\_\_ Received by (initial only) \_\_\_\_\_ Testing Center Completed: NO YES Degree Audit Attached: NO YES

Date Business Office Notified \_\_\_\_\_ Date Diploma Ordered \_\_\_\_\_ Date Diploma Received \_\_\_\_\_ HIGHEST HONORS WITH HONORS

Registrar's Signature & Date \_\_\_\_\_

**NOTES:**

Current Date