



**GREAT FALLS COLLEGE
MONTANA STATE UNIVERSITY**

Graduation Application and Checklist

All attached forms must be completed and turned in with your Application for Graduation.

Students must pass all required courses and have a cumulative grade point average at GFC MSU of at least 2.0 to graduate from Great Falls College Montana State University. Required courses must have a minimum grade of C- unless specifically noted on the program catalog page.

Students will be awarded a certificate/degree upon satisfactory completion of all program requirements, provided that at least 25% of the course work required in the degree program has been completed at Great Falls College Montana State University.

The commencement ceremony is held each May, at the conclusion of the spring semester. Caps and gowns can be purchased through the Bookstore for a fee. Graduation announcements are also available for purchase through the Bookstore.

- Review your program requirements for graduation in the Academic Catalog: <http://catalog.gfcmsu.edu/>
- If you have questions about graduation requirements, please make an appointment to review your application with your advisor.
- If all required courses have been completed or are in progress, fill out the graduation application form.
- Turn in completed graduation application to your advisor.

I, _____,

(Please print name as it should appear on your diploma)

having completed all program requirements, hereby apply for graduation _____ Term, 20 ____.
(Fall, Spring, Summer)

Student ID Number: _____

Mailing Address: _____

City, State, Zip _____

Telephone: _____

Please circle an answer for the following three questions.

YES / NO I give Great Falls College Montana State University permission to print my name in the Commencement Program

YES / NO I give Great Falls College Montana State University permission to print my name in the newspaper upon my approval for graduation.

I DO / DO NOT plan on attending the May graduation ceremony.

_____/_____
Student's Signature Date

Graduation applications received without Advisor's signature(s) will be returned to the student.

- 1st Degree Seeking:**
- Associate of Applied Science
 - Associate of Arts
 - Associate of Science
 - Associate of Science – Nursing
 - Certificate of Applied Science
 - Certificate of General Studies
 - Certificate of Technical Studies

PROGRAM: _____
Which catalog curriculum are you using for graduation: _____ (e.g. 10-11 catalog)

As Academic Advisor for the above listed program, I agree that the student listed above has/will be completing the program requirements as listed in the catalog curriculum referenced above for the term listed on page 1. Course Substitutions/Waivers have already been submitted or accompany this form.

Two audits attached _____ / _____
 Advisor's Signature Date

FOR OFFICE USE ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Recommended for Graduation | <input type="checkbox"/> NOT Recommended for Graduation | <input type="checkbox"/> Advisor Notified _____
Registrar/Date |
| <input type="checkbox"/> Awarded for Graduation | <input type="checkbox"/> Denied for Graduation | <input type="checkbox"/> Advisor Notified _____
Registrar/Date |

COMMENTS:

_____ Term Admitted/Readmitted _____ CGPA _____ Final CGPA _____ Advisor

- 2nd Degree Seeking:**
- Associate of Applied Science
 - Associate of Arts
 - Associate of Science
 - Associate of Science – Nursing
 - Certificate of Applied Science
 - Certificate of General Studies
 - Certificate of Technical Studies

PROGRAM: _____
Which catalog curriculum are you using for graduation: _____ (e.g. 10-11 catalog)

As Academic Advisor for the above listed program, I agree that the student listed above has/will be completing the program requirements as listed in the catalog curriculum referenced above for the term listed on page 1. Course Substitutions/Waivers have already been submitted or accompany this form.

Two audits attached _____ / _____
 Advisor's Signature Date

FOR OFFICE USE ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Recommended for Graduation | <input type="checkbox"/> NOT Recommended for Graduation | <input type="checkbox"/> Advisor Notified _____
Registrar/Date |
| <input type="checkbox"/> Awarded for Graduation | <input type="checkbox"/> Denied for Graduation | <input type="checkbox"/> Advisor Notified _____
Registrar/Date |

COMMENTS:

_____ Term Admitted/Readmitted _____ CGPA _____ Final CGPA _____ Advisor

- 3rd Degree Seeking:**
- Associate of Applied Science
 - Associate of Arts
 - Associate of Science
 - Associate of Science – Nursing
 - Certificate of Applied Science
 - Certificate of General Studies
 - Certificate of Technical Studies

PROGRAM: _____
Which catalog curriculum are you using for graduation: _____ (e.g. 10-11 catalog)

As Academic Advisor for the above listed program, I agree that the student listed above has/will be completing the program requirements as listed in the catalog curriculum referenced above for the term listed on page 1. Course Substitutions/Waivers have already been submitted or accompany this form.

Two audits attached _____ / _____
 Advisor's Signature Date

FOR OFFICE USE ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> Recommended for Graduation | <input type="checkbox"/> NOT Recommended for Graduation | <input type="checkbox"/> Advisor Notified _____
Registrar/Date |
| <input type="checkbox"/> Awarded for Graduation | <input type="checkbox"/> Denied for Graduation | <input type="checkbox"/> Advisor Notified _____
Registrar/Date |

COMMENTS:

_____ Term Admitted/Readmitted _____ CGPA _____ Final CGPA _____ Advisor