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STONE CHILD COLLEGE

"MAKING OUR DREAMS HAPPEN WITH ACADEMIC EXCELLENCE, CULTURE AND COMMITMENT"

GRADUATION APPLICATION

STONE CHILD COLLEGE

8294 Upper Box Elder Road

Box Elder, MT 59521

(406) 395-4875

www.stonechild.edu

Name: _____ Address: _____
 Social Security _____ City, State, Zip: _____
 Today's Date: _____ Graduation Dte _____

BACHELORS OF SCIENCE DEGREE

TEACHERS EDUCATION

_____ Elementary Education K-8

ASSOCIATE OF ARTS DEGREE:

- _____ Liberal Arts Option
- _____ Health Promotion
- _____ Math Option
- _____ Native American Studies

GENERAL STUDIES

Teacher Education Option

- _____ Elementary Ed. Concentration
- _____ Early Childhood Education
- _____ Studio Arts

Natural Resources Option

- _____ Natural Resources Studies
- _____ Water Quality

HUMAN SERVICES

- _____ Addiction Studies Option
- _____ Rural Public Health
- _____ Native Communities

ASSOCIATE OF SCIENCE DEGREE:

_____ General Science Option

APPLIED SCIENCE

_____ Allied Health Option

BUSINESS

_____ General Business Option

_____ Office Administration

COMPUTER SCIENCE

_____ Information Systems Option

CERTIFICATE OF COMPLETION:

- _____ Construction Technology (1 year)
- _____ Physical Fitness Training (1 year)
- _____ Pre-Nursing (1 year)
- _____ Pre-Engineering Asst. (2 year)
- _____ Customer Relations (1 year)
- _____ Accounting/Information Management (1yr)

ENDORSEMENTS

____ Peer Mentoring _____ Historical Trauma _____ Certified Nursing Assistant



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TO BE COMPLETED BY THE ADVISOR:

- The student has completed all of the requirements for the certificate or degree checked.
- The student is lacking the following requirements.

Dept.	Number	Course Title	Sem. Crs	To Be Completed:	
				Semester	Year

* Enrollment Of More Than 20 Credits Requires Registrar's Approval

Advisor's Signature _____ Date: _____

TO BE COMPLETED BY THE REGISTRAR:

Credits Transferred From: _____

Semester Credits

Credits Currently Enrolled In: _____
 Total Credits Earned At Stone Child College: _____
 Total Credits: _____

Cumulative GPA: _____ Recommended for Degree/Cert. Yes No

Registrar's Signature: _____ Date: _____




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STUDENT EVALUATION RECORD

Name: _____ Social Security No: _____

TRANSFER CREDITS ACCEPTED: (If none, type NONE)

Dept #	Course Title	Semester Credits*	Semester Grade	Semester /Year	Institution
Total Transfer Semester Credits		0			

* If any credits were taken under a quarter system, they must be converted to semester credits before entering them into this column.



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Advisor's Approval: _____ Date: _____
Registrar Approval: _____ Date: _____
Acad. Dean Approval: _____ Date: _____

STUDENT EVALUATION RECORD

Name: _____ Social Security No: _____

COURSES WAIVED: (If none, type NONE)

Course Waived	Sem Crs	Reason Waiver Requested*
Total Waived Credits	0	

Advisor's Approval: _____ Date: _____
Registrar Approval: _____ Date: _____
Acad. Dean Approval: _____ Date: _____

* Petitions must be filed with Registrar - see catalog for waiver procedures.


Graduation papers must be finalized by January 31st.

All graduates are required to take a Post COMPASS Test, schedule with the Student Services Office.

Authorization to include name on graduation program, newspapers, etc.?	_____	Yes	_____	No
Participate in graduation ceremonies?	_____	Yes	_____	No
Graduates participating in graduation ceremonies answer these.	_____	Weight	_____	Height
Extra Tassel (extra cost)?	_____	Yes	_____	NO

Student's Signature: _____ Date: _____




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STUDENT EVALUATION RECORD

Name: _____ Social Security No: _____

COURSE SUBSTITUTIONS ACCEPTED: (If none, type NONE)

Required Course		Sem	Substituted Course		Sem	Sem	Institution
Number	Title	Crs*	Number	Title	Crs	Grd	
Total Transfer Semester Credits		0					

* If any credits were taken under a quarter system, they must be converted to semester credits before entering them into this column.

Advisor's Approval: _____ Date: _____
 Registrar Approval: _____ Date: _____
 Acad. Dean Approval: _____ Date: _____



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