**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**

**TECHERS EDUCATION**

**\_\_\_\_\_Elementary Education K-8**

**ASSOCIATE OF ARTS DEGREE:**

**GENERAL STUDIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Liberal Arts Option | **Teacher Education Option** | | **Natural Resources Option** | |
|  | Health Promotion |  | Elementary Ed. Concentration |  | Natural Resources Studies |
|  | Math Option  Native American Studies |  | Early Childhood Education  Studio Arts | \_ | Water Quality |

**HUMAN SERVICES**

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

**ASSOCIATE OF SCIENCE DEGREE:**

**APPLIED SCIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | General Science Option |  | Allied Health Option |  |  |

**BUSINESS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | General Business Option |  | Office Administration |  |  |

**COMPUTER SCIENCE**

|  |  |
| --- | --- |
|  | Information Systems Option |

**CERTIFICATE OF COMPLETION:**

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

**ENDORSEMENTS**

**\_\_**Peer Mentoring \_\_\_\_\_ Historical Trauma \_\_\_\_\_ Certified Nursing Assistant

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** | |
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\* Enrollment Of More Than 20 Credits Requires Registrar’s Approval

Advisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE COMPLETED BY THE REGISTRAR:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | Semester Credits | | | |
| Credits Transferred From: |  | |  | | | |
|  |  | |  | | | |
|  | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT EVALUATION RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Social Security No: |  |

**TRANSFER CREDITS ACCEPTED: (If none, type NONE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dept #** | **Course Title** | **Semester**  **Credits\*** | **Semester**  **Grade** | **Semester**  **/Year** | **Institution** |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT EVALUATION RECORD**

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| --- | --- | --- | --- |
| Name: |  | Social Security No: |  |

**COURSES WAIVED:** (If none, type NONE)

|  |  |  |
| --- | --- | --- |
| **Course Waived** | **Sem**  **Crs** | **Reason Waiver Requested\*** |
|  |  |  |
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| **Total Waived Credits** | 0 |  |

Advisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acad. Dean Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* 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.

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| --- | --- | --- | --- | --- |
| 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: |  |

**STUDENT EVALUATION RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Social Security No: |  |

**COURSE SUBSTITUTIONS ACCEPTED: (If none, type NONE)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Required Course**  **Number Title** | **Sem**  **Crs\*** | **Substituted Course**  **Number Title** | **Sem**  **Crs** | **Sem**  **Grd** | **Institution** |
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Advisor’s Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acad. Dean Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_