**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 Date: |  |

**BACHELOR OF SCIENCE DEGREE**

\_\_\_Elementary Education \_\_\_\_Early Childhood Education

**ASSOCIATE OF ART DEGREE TEACHER EDUCATION**

\_\_\_\_Elementary Education \_\_\_\_\_Early Childhood Education

**ASSOCIATE OF ART DEGREE**

**GENERAL STUDIES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Liberal Arts Option | **\_\_\_\_\_**Cree Language | | **\_\_\_\_**Math | |
|  | Native American Studies |  | Studio Art |  |

**ASSOCIATE OF SCIENCE DEGREE:**

**HUMAN SERVICE**

**\_\_\_\_**Addiction Studies \_\_\_\_\_Rural Public Health

**SCIENCE**

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

**BUSINESS**

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

**COMPUTER SCIENCE**

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

**NATURAL RESOURCE**

**\_\_\_\_\_\_**Natural Resources/Geospatial Technology \_\_\_\_Water Quality

**ASSOCIATE OF APPLIED SCIENCE**

**\_\_\_\_\_**Native American Art w Emphasis on Chippewa Cree Art

**CERTIFICATE OF COMPLETION:**

\_\_\_\_\_Accounting \_\_\_\_\_Building Trades \_\_\_\_\_\_\_Information Management

\_\_\_\_\_ Pre Engineering \_\_\_\_\_ Pre Nursing \_\_\_\_\_\_\_Rural Public Health

\_\_\_\_\_General Education Studies \_\_\_\_\_\_Native American Art e Emphasis on CC Art

**ENDORSEMENTS:**

**\_\_\_\_\_**Historal Trauma \_\_\_\_\_\_Peer Mentoring

\_\_\_\_\_\_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)

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| **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 Graduation exit Survey schedule with the Student Services Office.

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| --- | --- | --- | --- | --- |
| Authorization to include name on graduation program |  | Yes |  | No |
| Participate in graduation ceremonies? |  | Yes |  | No |
| Graduates participating in graduation ceremonies |  | Height |  | Weight |
| Extra Tassel (extra cost) $ 5.00 |  | Yes |  | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Cap,gown and tassel  Student’s Signature: | Price $25.00 | Date: |  |

**STUDENT EVALUATION RECORD**

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| 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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| **Total Transfer Semester Credits** | | 0 |  |  |  |

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

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

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

Elder for class over 65 years of Age: Male\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master of Ceremonies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drum Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prayer during ceremonies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dinner before graduation with family members:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What kind of food would you prefer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caterer for meal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXACT SPELLING OF NAME ON DIPLOMA

Please fill in one application for each of the degrees, certificates and or endorsements.

Have degree advisor sign the application and hand in with a copy of educational plan and transcripts you are using for this degree.

Indian Name if you have one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_