

WESTERN TEXAS COLLEGE
APPLICATION FOR GRADUATION

I hereby apply for graduation from Western Texas College with a degree/certificate in the following degree/certificate area:

Associate in Arts

Associate in Applied Science

Certificate in Technology

This degree/certificate to be awarded at the end of the _____ semester/term, 20_____ .

PRINT your name as it should appear on your diploma:

Mailing Address (Required):

Signature: _____

Social Security Number: _____

(Telephone Number)

APPLICATION DEADLINES:

Fall – October 31

Spring – March 31

GRADUATION FEE:

If not going thru ceremony\$0 If going thru ceremony....\$25.00 Mailing fee....\$8.00

International Mailing fee\$20.00

Fax completed form to: 325-574-6524

OFFICE USE ONLY

Receipt Number _____

Amount Paid _____

Date Paid _____