

DIABLO VALLEY COLLEGE

SPRING 2019 APPLICATION TO WALK IN GRADUATION CEREMONY – Time frame 4-30-19 through 5-17-19
(Coursework remaining)

This form will not be accepted prior to the last day to drop a full-term class in the spring semester.

Please complete each section of this application as indicated. *(Incomplete applications will not be considered.)* It is the student's responsibility to submit the completed form with a stamped, self-addressed return envelope or the decision will be sent to your insite email address.

Students must be within two classes of completing their degree or certificate **and** enrolled for those two classes for the summer term. After review, a decision will be made based on the information provided, and this form will be returned or decision emailed to the student.

This section is to be completed by student.

Mark the appropriate box(es). I will be receiving; certificate degree

Name _____ Student ID# _____
(Please print) Last, First

Email _____ @insite.4cd.edu
(Print Clearly)

Mailing Address _____ Street Address _____ Phone (____) _____
Area Code

_____ City _____ State _____ Zip Code

- * *I understand my name will not appear in the program.*
- * *I understand that I must be enrolled in final courses for the summer term.*
- * *I understand I will need to submit an application for my degree during the appropriate filing period once I have enrolled in the required course.*

Student's Signature: _____ Date: _____

This section is to be completed by a counselor or by attaching the Admissions and Records evaluation indicating the coursework required to fulfill your degree requirements. Proof of enrollment in remaining coursework must also be attached. Submit this form to Angie Galindo (at the Counseling Office front window).

Course #1	Course #2
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I have determined this student will earn her/his degree upon the successful completion of no more than two additional courses. The student has enrolled in and has assured me s/he will complete the required course during this summer semester.

Counselor's Signature: _____ Date: _____

Dear Student:

Your request to walk at graduation has been Approved Denied Honors

If approved, please bring this form to the DVC Book Center to pick up the graduation ceremony information and to purchase your cap and gown.

I extend my wishes for success in your future academic endeavors!

Dean of Counseling and Enrollment Services (or designee)

Date