

Student's Signature:_

Application for Graduation Associate's Degree and/or Certificate

Please complete this application with an Academic Adviser, Room A102. The adviser will complete the initial graduation audit of your academic record. The following submission deadlines are applicable:

a)a For May Graduates participating in the commencement ceremony, form must be received by March 1.a

b)a For May Graduates not participating in the ceremony, form must be received by May 1.

c)a For August Graduates, form must be received by August 1.

d)a For December Graduates, form must be received by December 1.

Please keep your contact information current until you receive your diploma. Send completed form to records@carrollcc.edu.

1	_Print your name exactly as you want it to appear on your Diploma/Certificate (This is also the name that will be announced if you walk_ during the ceremony.):						
2	Student ID #:Email Address:						
3_	Mailing Address:						
	City:						
4	_Home Phone:Cell Phone:						
5	List the catalog year and program of study that govern your graduation requirements (copy from your degree audit):						
	Catalog Year:Program of Study:						
6_	Please check the semester and indicate the year in which you expect to graduate. You must complete the degree and/or certificate requirements before this date						
	O Spring,(year); O Summer,(year); O Fall,(year)						
7_	The college has one graduation ceremony each year, which is held in May. Degree recipients are eligible to attend. Please check one of the following:						
	O Yes, I will participate in the May graduation ceremony O No, I will not participate in the May graduation ceremony						
8_	_If you checked yes to question 7, please ask the advisor to help you with your hat size and complete the following information which_will be used to order your cap and gown:						
	Height: feet , inches; Weight: lbs; Hat Size: Note: Garb (approximately \$25.00) must be purchased by all ceremony participants.a						
9_							
ca eli	signing this application, I affirm that I have read and understand the college's graduation requirements as set forth in the current college talog. In addition, I understand that this application will be used solely for the term indicated. If the graduation audit determines that I am not gible for the degree and/or certificate in the term which I have indicated, I understand that I must file a new application in a future term. I also a derstand that the ceremony will be videotaped for duplication and replay on cable television. I agree to the terms on the reverse of this sheet.						

Video Release and Authorization

I hereby consent for the Board of Trustees of Carroll Community College and its employees, volunteers, successors, and assigns (hereinafter referred to as "the Board") to record my picture and voice on photographs, films and audio and videotapes, to edit these recordings at the discretion of the Board, and to incorporate these recordings into movie and sound films or audio and videotapes, webcast, streaming, broadcasts (radio and television, including cable and satellite transmissions), programs, or otherwise, to use in any manner of media whatsoever, including unrestricted use for purposes of publicity, advertising, and to use my name, likeness, or voice in connection therewith.

I hereby release the Board from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on the use of the above-described materials. I further waive any rights conferred under federal copyright laws or any other rights | might otherwise have in the materials and the subsequent broadcast or commercial, educational, or other use by the Board. I understand that the recordings are the exclusive property of the Board and the Board owns all rights to these recordings regardless of the form in which they are produced or used. Further, I agree that I am not entitled to nor was I promised any compensation for the making of such recordings or their use.

I have read and understood the contents of this Release; wherefore, I have signed on the reverse side.



Graduation Survey

We are very interested in your experience at Carroll Community College. Please tell us your opinions about Carroll and your plans after graduation.

١.,	ILIC	indicate the award for which you are applying (refer to question #5 on the preceding page):								
	O Associate of Arts Degree (A.A.) O Associate of Arts in Teaching Degree (A.A.T.) O Associate of Applied Science Degree (A.A.S.) O Associate of Science Degree (A.S.) O Certificate									
2. Indicate the graduation month and year in which you expect to complete the degree or certificate:										
	0	August(year)	0	December	(year)	O May	(year)			
3.	Are	Are you planning to transfer to a four-year college or university within the next year?								
	0	Yes, as a full-time student Yes, as a part-time student No, but probably sometime in the future No, or probably not								
4.	lf y	If you plan to transfer, what college or university do you plan to attend? (select one)								
	0 0 0	Hood College McDaniel College Mount St. Mary's University Salisbury University Shippensburg University of Pennsylvania Stevenson University Towson University		O University of Baltimore O University of Maryland, Baltimore County (UMBC) O University of Maryland, College Park (UMCP) O University of Maryland, University College (UMUC) O York College of Pennsylvania O Other:						
5.	На	Have you been admitted to the institution selected above?								
	0	Yes O No								
6.	Wi	Will you be employed upon completion of your degree at Carroll Community College?								
	O Yes, in a job related to my major at Carroll Community College O Yes, in a job not related to my major at Carroll Community College O No, but seeking employment O No, and not seeking employment									
7.	lf y	If you indicated Yes or No, but Seeking Employment, what is your intended job status?								
	0	Part-time O Full-time								
8.	If y	If you indicated Yes or No, but Seeking Employment, where do you expect to be working?								
		Frederick County Other County in Maryland:					(specify) (specify)			
	0	out of place.					(specify)			

9.	For each possible goal in attending Carroll Community College, indicate whether it was a goal of yours and, if so,									
	whether you achieved your goal:		Was Goal and Achieved		oal and Achieved	Was Goal but Not Achieved	Not a Goal			
	Prepare for entry into first career		0	11. 11. 11.00	0	0	0			
	Prepare for entry into a different career		0		0	0	0			
	Update skills for my current job		0		0	0	0			
	Prepare for transfer to a four-year institutio	n	0	0 0		0	0			
	Self-enrichment or enjoyment	***	0							
	To earn a college degree		0							
	to earra conege degree									
10. Indicate the answer that best describes your opinion about the following:										
		Very Good	Good	Fair	Poor	Very Poor	No Basis to Judge			
	Overall quality of instruction	0	0	0	0	0	0			
	Quality of academic advising	0	0	0	0	0	0			
	Career planning assistance	0	0	0	0	0	0			
	Transfer planning assistance	0	0	0	0	O	0			
	Student Activities program	0	0	0	0	0	0			
	Selection of courses	0	0	0	0	0	0			
	Availability of classes at convenient times	0	0	0	0	0	0			
	Overall quality of your CCC experience	0	0	0	0	0	0			
	Overall value of CCC education	0	0	0	0	0	0			
11.	Please indicate the names of the one or tw	vo best insti	ructors you had v	vhile you v	vere at Carr	oll Community Col	lege:			
12.	What did you like most or what were the	most positiv	e aspects of youi	r Carroll Co	ommunity C	iollege experience	?			
13.	What can we do to improve Carroll Comm	nunity Colle	ge?							