



Spokane Community College GRADUATION PETITION FORM

SCC Transcript Office
 1810 N Greene St MS 2151
 Spokane, WA 99217-5499
 Email: Transcripts@scc.spokane.edu
 Ph: 509-533-7001 • Fax: 509-533-8887

For priority processing submit your petition form by these dates:
 (petitions accepted after these dates)

- **January 31** for graduation at the end of spring quarter
- **March 31** for graduation at the end of summer quarter
- **July 31** for graduation at the end of fall quarter
- **September 30** for graduation at the end winter quarter

DIPLOMA INFORMATION: Type/Print your name as it should appear on your diploma (use black or blue ink).

Student identification number

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First name _____ Middle name or initial _____ Last name _____

Mail my diploma to: _____
 Street Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

DEGREE OR CERTIFICATE INFORMATION: Each non-stackable degree or certificate requires a separate Graduation Petition form.

Catalog Year: _____ Completion Year: _____ Quarter: Fall Winter Spring Summer

Mark one box below and print the program name.

DEGREE ONLY (2 years)

PRINT program name

CERTIFICATE (less than 2 years)

PRINT program name

DEGREE and the IMBEDDED CERTIFICATES included in the program (2 years)

PRINT program name

COMMENCEMENT CEREMONY PARTICIPATION AND CAP/GOWN INFORMATION

Commencement is usually the Friday of spring quarter finals week. More info is available at scc.spokane.edu/For-Our-Students/Student-Resources/Graduation.

STUDENT SIGNATURE

I hereby petition for graduation and certify that to the best of my knowledge all of the above information is correct. I accept the responsibility to complete the requirements for the degree and/or certificate for which I am petitioning. I also understand it is my responsibility to return this completed form to the SCC Transcript Office and advise the Transcript Office if my diploma mailing address changes. In addition, my signature either typed or signed authorizes use of my name in the Commencement Program.

Student signature (REQUIRED) _____ Date _____

Submit your completed form to the SCC Transcripts department by email, fax, mail, or in person. You will receive an email response in 6-8 weeks.

FOR OFFICE USE ONLY			
Date approved _____	Credits completed _____	Grade point average _____	
Transcripted _____	Diploma ordered _____	Diploma mailed _____	
Date disapproved _____		Missing requirements _____	