

# GRADUATION APPLICATION



**CLARK COLLEGE**  
**CREDENTIAL EVALUATIONS**  
1933 Fort Vancouver Way  
Vancouver, WA 98663

**Attention Students: Submit completed graduation application electronically to Credentials at: [credeval@clark.edu](mailto:credeval@clark.edu)**

## DIRECTIONS & TIMELINE

Students must submit a graduation application to be awarded a degree or certificate. Students are encouraged to submit the graduation application one term before they plan to complete all of their requirements.

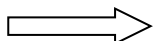
The priority processing deadline for graduation applications is the 10th day of the term in which the student plans to finish degree or certificate requirements; applications will be processed in the order received and the degree or certificate will be awarded in the term of completion.

Graduation applications received after the priority deadline and through the last day of the term will be accepted; applications received during this non-priority period will be processed in the order that they were received. Applications received after the last day of the term may be moved to the next quarter.

## STUDENT INFORMATION

**\*\*FILL IN ELECTRONICALLY\*\***

LAST NAME	FIRST NAME	M.I.	Student/ctcLink ID Number
Name:			
Email:		Contact Phone:	
Diplomas are mailed to the address on file in the ctcLink system (update online at MyClark @ ctcLink)			
Have you transferred in credit <u>from</u> another college? <b>YES</b> <i>If yes, official transcripts must be on file.</i> <b>NO</b>			
<b>Students <u>currently</u> completing coursework at another institution to fulfill program requirements must send an official transcript to Enrollment Services following completion.</b>			
Student names will be printed in the commencement program unless privacy is noted in the ctcLink system.			
<b>PROGRAM INFORMATION    **CONSULT WITH AN ADVISOR IF YOU ARE UNSURE ABOUT THIS INFORMATION**</b>			
<b>Program One:</b>			
Program Type (select from drop down list):			
Program Name:			
Academic Concentration (leave blank if not applicable):			
<b>Program Two (if applicable):</b>			
Program Type (select from drop down list):			
Program Name:			
Academic Concentration (leave blank if not applicable):			
<b>Program Three (if applicable):</b>			
Program Type (select from drop down list):			
Program Name:			
Academic Concentration (leave blank if not applicable):			
<b>Washington State High School Diploma (WSHSD):</b> <i>Will only be granted to students who complete an associate degree and who do not plan to earn (nor have already earned) a traditional high school diploma.</i>			



**STUDENT'S SIGNATURE:** \_\_\_\_\_

**Date:**

An alternate format for this document is available upon request. Please contact Disability Support Services at (360) 992-2314 or (360) 991-0901(VP).

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