



Utah College of Applied Technology



APPLICATION FOR GRADUATION

1. Please print or type all information.
2. Make certain that the Application for Graduation and the Application to Attend Graduation are completely filled out and signed by the appropriate individuals.
3. If you have an address change after submitting this application, please be sure to inform Student Services.
4. Submit this form, the Application to Attend Graduation Ceremony, and the training plan/evaluation forms to the Cashier's Office and pay all fees. The Cashier will forward the application packet to the Registration Office for Processing with the graduation receipt attached.
5. You will be notified in writing of the status of your application as soon as possible.
6. Your Degree or Certificate will be mailed to you within 5 working days of approval.

Please Note: Student applications for graduation must be received 3 weeks prior to the scheduled ceremony dates in September, February and May in order to have his/her name on the Graduation Program.

Student ID Number: _____ Name: _____
(Print your name exactly as you wish it to appear on your diploma.)

Phone #: _____ Mailing Address: _____
Street City State Zip

The Davis Applied Technology College has as its mission to provide viable training that leads to related employment. In order for us to determine if your training program was effective in meeting your employment goals, please complete the following information. All information provided is kept confidential.

Are you currently working? Yes No

If yes, what is your Occupation? _____

Where are you employed?

Employers Name	Address (if known)	City	State
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I intend to graduate with the following:

- Certificate of Proficiency as a: _____ on _____ (\$10 grad fee)
Name of Occupation Anticipated Completion Date
- UCAT Certificate of Completion in: _____ on _____ (\$15 grad fee)
Program Name Anticipated Completion Date
- UCAT AAT Degree in: _____ on _____ (\$15 grad fee)
Program Name Anticipated Completion Date

Applicant's Signature: _____ Date: _____

Program Instructor or Advisor: _____ Date: _____

Counselor: _____ Date: _____
(AAT Degree Only)

For Office Use Only		Ceremony: <input type="checkbox"/> February _____ <input type="checkbox"/> May _____ <input type="checkbox"/> September _____	
Received by: _____		Date: _____	
Certified by: _____		Title: _____ Date: _____	
Processing:		Fiscal Office Clearance:	
<input type="checkbox"/> Training Plan/Evaluation Form	<input type="checkbox"/> Notification Letter Mailed	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial	
<input type="checkbox"/> Certificate Posted	<input type="checkbox"/> Transcript Printed	Grad Fee Paid: \$ _____	
<input type="checkbox"/> Certificate Log	<input type="checkbox"/> Certificate Printed	(Receipt attached)	