



**PAMLICO**  
COMMUNITY COLLEGE  
DISCOVER TOMORROW'S POSSIBILITIES

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### APPLICATION FOR GRADUATION

**Print your name as you wish it to appear on the Diploma. Take this form to your advisor and the college library for signatures before you return it to Student Services. It is the student's responsibility to see that Student Services has a current address at all times prior to graduation. We cannot assume responsibility for important notifications to the student regarding the status of the student for graduation being sent to the wrong address.**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Program from Which You Are Graduating: \_\_\_\_\_

**Circle All You Will Receive:** Certificate Diploma Associate Degree

Date Program Was or Will Be Completed: \_\_\_\_\_

Faculty Advisor's Name: \_\_\_\_\_

All students are expected to attend graduation. If you are unable to attend graduation, please contact the Vice President of Student Services prior to graduation. Student Services **will not** mail Diplomas and Degrees.

I Will Attend the Graduation Ceremony: \_\_\_\_\_ Yes \_\_\_\_\_ No

### Graduation Survey

**All graduating students are required to complete the Graduation Survey.** Please answer all questions. This information is confidential and will only be used by the college for various reporting purposes. Thank you for your participation.

Questions					
Please rate the following	Don't Know	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
Quality of instruction in program area courses					
Quality of instruction in other courses					
Quality of instruction in online courses					
Overall quality of academic program					

Quality of:					
Please rate the following	Don't Know	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
Academic Advising					
Library					
Registration					
Admissions					
Student Activities					
Campus Security					
Overall quality of the college					

My goal(s) for attending this community college was/were: (Please check all that apply)

Earning an Associate Degree, Diploma or Certificate	Improving existing job skills
Preparing for/getting a new job	Personal interest
Transferring to a four-year college/university	Other (specify such as GED)

I accomplished my goal(s): \_\_\_Yes, completely \_\_\_Yes, partially \_\_\_No

If you **did not check yes, completely**, please briefly explain why below:

Are you currently employed or self-employed? \_\_\_Yes \_\_\_No

If yes, Employer name: \_\_\_\_\_

City & State: \_\_\_\_\_ Job Title: \_\_\_\_\_

Is your employment related to your field related to your program of study? \_\_\_Yes \_\_\_No

Do you plan to continue your education in the next 6-12 months? \_\_\_Yes \_\_\_No

If so, what field of study? \_\_\_\_\_

What has the college done that most affected your ability to accomplish your goals?

If you had to do it over again, would you choose to attend PCC? \_\_\_Yes \_\_\_No \_\_\_Not Sure

I have reviewed this student's transcript and believe that, if they complete the course(s) in which they are currently enrolled, they will meet the course requirements for graduation.

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have checked our records and have determined that this student does not have an overdue book nor are any library fines due.

**Library Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_