

**Roanoke-Chowan Community College
Curricular Student Application for Graduation**

Student Information--Complete the first week of the semester/term prior to the final semester/term at R-CCC.
Applicant must file a graduation application for each award they are requesting.

I am a candidate for graduation in May _____. All of my courses will be completed by the end of the

Fall Semester Spring Semester. Summer Term.

Name (Print as you would like it to appear on your degree, diploma, or certificate; if you print a name other than what is on your academic record, you must provide legal documentation to change your name prior to applying for graduation.)

Name: _____

Social Security Number ____ -- ____ -- ____ Phone Number (____) _____

Mailing Address _____

City/State/Zip _____

Curriculum _____ Award Being Received Degree Diploma Certificate

Curriculum _____ Award Being Received Degree Diploma Certificate

Curriculum _____ Award Being Received Degree Diploma Certificate

Curriculum _____ Award Being Received Degree Diploma Certificate

Will you be participating in graduation exercises? Yes No

If yes, you must go to the Bookstore at least eight weeks before graduation for cap and gown information.

Advisor's Verification of Students's Candidacy for Graduation

The above-named student has the following classes left to successfully complete.

Prefix	Course #	Prefix	Course #	Prefix	Course #	Prefix	Course #
_____	_____	_____	_____	_____	_____	_____	_____

Advisor's Signature _____ **Date:** _____

I understand that the College cannot release my award until I have paid all fees owed, including graduation and college-related debts, and returned any college property or material in my possession. I also understand that in order to participate in graduation exercises, I must attend graduation rehearsal and arrive at actual graduation exercises on time.

Student's Signature _____ **Date:** _____



Graduating Student Exit Survey

Graduation Date:

_____ 20____
Month Year

Social Security Number

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

From which program are you graduating? (Please select only one)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Early Childhood Associate: Special Education
<input type="checkbox"/> Air Cond., Heating & Refrigeration Technology	<input type="checkbox"/> Early Childhood Associate: Teacher Associate
<input type="checkbox"/> Associate In Arts	<input type="checkbox"/> Health Care Technology
<input type="checkbox"/> Associate Degree Nursing	<input type="checkbox"/> Health Unit Coordinator
<input type="checkbox"/> Associate in Fine Arts	<input type="checkbox"/> Human Services Technology
<input type="checkbox"/> Associate in General Education	<input type="checkbox"/> Human Services Technology: Mental Health Concentration
<input type="checkbox"/> Associate in Science	<input type="checkbox"/> Industrial Systems Technology
<input type="checkbox"/> Barbering	<input type="checkbox"/> Industrial Maintenance Technology
<input type="checkbox"/> Bio-Technology	<input type="checkbox"/> Lateral Entry
<input type="checkbox"/> Building Construction Technology	<input type="checkbox"/> Manicuring /Nail Technology
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Medical Office Administration
<input type="checkbox"/> Computer Information Technology	<input type="checkbox"/> Office Administration
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Criminal Justice Technology	<input type="checkbox"/> Web Technologies
<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> Welding Technology

My goal(s) for attending R-CCC were: (Mark all that apply)

Earning an associate degree, diploma, or certificate from R-CCC

Preparing for/getting a new job

Improving existing job skills

Transferring to a four-year college/university

Personal interest

Other (please specify) _____

I accomplished my goal(s) for attending R-CCC: (Mark only one)

Yes, completely

Yes, partially

No

If you did not accomplish your goal(s), which of the following best describes why you did not achieve your goal(s)? (Mark all that apply.)

<input type="checkbox"/> Job conflict	<input type="checkbox"/> Medical problems
<input type="checkbox"/> New employment	<input type="checkbox"/> Moved to a new area
<input type="checkbox"/> Financial hardship	<input type="checkbox"/> Lack of interest in pursuing course of study
<input type="checkbox"/> Family circumstances	<input type="checkbox"/> Dissatisfaction with the services offered by the College
<input type="checkbox"/> Joined the military	<input type="checkbox"/> Dissatisfaction with the quality of instruction
<input type="checkbox"/> Child care problems	<input type="checkbox"/> Other (please specify) _____

Please rate your satisfaction with the following factors and services:	Very Satisfied			Very Dissatisfied			Unknown
Quality of instruction in program area courses	5	4	3	2	1	0	
Quality of instruction in other courses	5	4	3	2	1	0	
Overall quality of academic program	5	4	3	2	1	0	
Academic advising	5	4	3	2	1	0	
Overall quality of Learning Resources Center	5	4	3	2	1	0	
Registration	5	4	3	2	1	0	
Admissions	5	4	3	2	1	0	
Student activities	5	4	3	2	1	0	
Campus security	5	4	3	2	1	0	
Overall Quality of the College	5	4	3	2	1	0	
Information about financial aid	5	4	3	2	1	0	
Campus atmosphere	5	4	3	2	1	0	

What are your plans after graduation?

Continue education

Move from area

Accept employment

Name of employer: _____

Address: _____

Other (Specify) _____

If you were to begin again (i.e., if you had to do it over again), would you choose to attend R-CCC?

Yes

No

Is this job related to the training you received at R-CCC?

Yes

No

If you have any recommendations or suggestions for improving the program you are completing, please write them on the back.