Summit Christian University

## GRADUATION APPLICATION Associate of Science

Full Name:		
First	МІ	Last
Address:	City	/State/Zip:
Home Phone:	Cell Phone:	
Email:		
	or the Associate of Science Deg	
<ul> <li>Have been confe</li> <li>Complete 12 Hours withit</li> <li>Earn 60 semester hours</li> <li>Complete 15 semester hours</li> <li>Complete 15 semester hours</li> <li>Earn a cumulative grade comprising the degree p</li> <li>Submit a graduation app December graduation by</li> <li>Receive recommendatio</li> <li>Payment of all tuition and</li> <li>Ensure that all graduation</li> </ul>	that are officially accepted by Summi ours at Summit Christian University to point average of 2.0 (4.0 scale) or all ogram. lication to the Registrar's Office for Ju October 1. n of the administration and faculty an d fees. n requirements are met.	111 at SCU it Christian University. o meet the residency requirement. pove in the 120 semester hours une graduation by March 1, or for
GRADUATION FEE\$8	0	
Gown Size (Circle one): S M	L XL 1X 2X 3X 4X Height:	Cap size:
Student Signature:		
OFFICE USE ONLY:		
Amount Paid:	Cash	Check Card
Date Gown Ordered:		
Date Diploma Ordered:	SCU Staff:	