Seminole Community College
Be yourself. Only better. ™

Adult High School
DIPLOMA APPLICATION

Please print your name exactly as you want it to appear on your diploma.

NAME: _____ **SSN#** _____
First Middle Last

Student ID# _____

PHONE: _____ **ALTERNATE PHONE:** _____

ADDRESS FOR DIPLOMA MAILING:

_____
Street Apartment #

_____
City State Zip Code

Applying for the following:

❏ Standard High School Diploma
❏ Certificate of Completion W8A "College Placement Test Eligible"

I plan to complete all graduation requirements and would like to receive my diploma/certificate at the end of :

❏ Term IA, October graduation
❏ Term IIA, February graduation
❏ Term IIIA, June graduation
❏ Term I, December graduation
❏ Term II, April, May graduation
❏ Term III or IIIB, August graduation

I understand that my graduation is contingent upon my successful completion of all diploma/certificate requirements.

Student's Signature _____ Date _____

Counselor's Signature _____ Date _____

Office Use Only:

Overall G.P.A._____ Honors Status _____ Certified By _____ Date _____

Original – Registration Office Copy – Student

11083