



Office of Student Services

GRADUATION REQUEST FORM

1608 S.W. 9th Street, Lawton, OK 73501 www.cnc.cc.ok.us (580)591-0203

Date: _____

Legal Name: _____

(This name will appear on your diploma). Last First Middle

ID #: _____ Department: _____ Phone: _____

Street Address: _____

Street City State Zip Code

Email: _____

Term you will graduate: _____ Year: _____

Prefer to receive diploma: [] by mail to the address above [] pick up

I am aware that:

- 1. Graduate request forms are due to the Office of Registrar by the 4th week of the term in which you are planning to graduate.**
- 2. To graduate from CNC you must complete all required classes, maintain a GPA of at least 2.00, clear all financial obligations, holds and return all library materials to the College.**

I believe that I have fulfilled all requirements and necessary obligations to complete a degree at Comanche Nation College and I hereby request graduation.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

All academic requirements have been met

All library materials have been returned

Academic Advisor

Library

The student's balance has been cleared.

All student records are present

Financial Aid

Dean of Student Services