Graduation Deadline: FALL 2025 – November 19 SPRING & SUMMER 2026 March 13	J		IPS COMMUNITY	COLLEGE		
	DEWI	Graduatio	DEST HELENA STUDENT HELENA STUDENTA STUDENT HELENA STUDENT HELENA STUDENT HELENA STUDENTA STUDENT			ampus Attended:) Helena
Student I.D.					() DeWitt) Stuttgart
Name to Appear on Diploma	Mr. Miss Mrs.	(Last)	(F	first)		(Middle)
Mailing Address						
Address(Street)			(City)		(State)	(Zip)
Telephone Number		E-	mail Address			@pccua.edu L ADDRESS)
DEGREE/CERTIFICATE: () Associate of Arts () Associate of Applied Scie () Associate of Science () Technical Certificate Total number of hours comple Will an additional semester of Did you transfer from another	eted at P r summe	CCUA by the r term be requi	ired to complete y	t Semester your degree?	Yes _	No
Number of hours						
Do you plan to transfer next F	`all?	If y	es, what institution	on		
Signature				Date		
FOR SCHOOL USE ONLY DO	<u>) NOT W</u>	RITE BELOW	THIS LINE:			
Catalog Year		_	Date Evaluated			
Hours Completed at PCCUA		_ Other Instit	outions	Total		
DEFICIENCIES Courses	<u>Hours</u>		<u>Course</u>		<u>Hours</u>	