



TRINITY COLLEGE

Application for Graduation

Name: _____ SS # _____
Last First M.I.

Name as desired on diploma: (please print clearly) _____

Degree Seeking: Check the appropriate Degree(s)

- Bible Certificate Apologetics Certificate Worship Certificate
- Associate of Arts in Biblical Studies Associate of Arts in General Studies
- Bachelor of Arts (Major: _____)
- Bachelor of Science (Major: _____)

Cap & Gown Information: (Changes in walking status must be submitted by February 1st)

Walking: Yes No, if walking: Height: _____ Weight: _____

Month & Year of Graduation: _____

I understand that as a graduate of Trinity College of Florida, it is my responsibility to comply with all graduation requirements. I hereby agree to make every attempt possible to fulfill each requirement in a timely manner under the supervision of my advisor and the Academic Dean. I understand that my failure to comply with these may be consequential, including postponement of graduation.

Signature: _____ Date: _____

Office Use Only

Graduation Requirements

CGPA: _____ as of _____

Transferred Hours: _____ Hours at Trinity: _____ Total: _____

Testing: Bible Content Score: _____ Date Taken: _____

CAAP: Reading: _____ Writing Skills: _____ Critical Thinking: _____

Elementary Education Only:

Florida Teacher Certification Exams: Regular: _____ Supplemental 1: _____ Supplemental 2: _____

Senior Research Project: _____ (for BA only) Internships Completed (2): _____ (for BA only)

Chapel: _____ (for BA only) Christian Service: _____ (for BA only)

Financial Obligation: _____

Affirmative recommendation by faculty, Academic Dean, and Board of Directors on _____

Notes: _____
