Graduation Application
Itasca Community College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax: 218-322-2325

Full name: ________________________ Student Tech ID: ________________________
As you wish it to appear on your diploma – Please print clearly (NOT Star ID)
Hometown: ________________________ Phone Number: ________________________
This will be listed in the graduation program
Email Address: ________________________
This email address will be used as the official means of notification regarding graduation issues or problems
Current Mailing Address
 ______________________________________________________
Street Address and/or PO Box # ______________________________________________________
City, State, Zip Code ______________________________________________________
List all previously attended colleges: ________________________
Will you need to purchase a cap/gown? ____No ____Yes If Yes, height ____ft ____in
Please indicate year of graduation by the appropriate term:
If you are taking summer courses to complete your degree requirement, you must indicate summer as your graduation term.
Fall ________ Spring ________ Summer ________
(Year) (Year) (Year)
I am applying for the following degree(s):
☐ Associate of Arts (MnTC included)
☐ American Indian Studies
☐ Associate of Applied Science
☐ Natural Resources
☐ Forestry
☐ GIS
☐ Law Enforcement
☐ Wildland Firefighting
☐ Associate of Science
☐ Accounting
☐ Applied Psychology/Human Services
☐ Business Administration
☐ Class Act
☐ Early Childhood Education
☐ Engineering
☐ Environmental Studies
☐ Geography/GIS
☐ Health Sciences–Broad Field
☐ Diploma
☐ Practical Nursing
☐ Wildland Firefighting
☐ Certificate
☐ American Indian Studies
☐ CDC
☐ Coaching
☐ GIS

Additional information – please check all that pertain to you
☐ Phi Theta Kappa (PTK) ☐ PSEO graduating from high school this year ☐ Military Veteran
☐ Other family graduating from ICC this year __________________________
Name and relationship __________________________ Date: __________________________
Signature: __________________________________________

*** Return this completed form to the Student Services Office – 107 Backes Student Center ***