



Spirit Lake Tribe

Office of the Registrar

Cankdeska Cikana Community College PO Box 269 | Fort Totten, ND 58335 Phone: 701.766.1342 Fax: 701.766.1344 registrar@littlehoop.edu

Application for Degree Conferral

Print your name legibly and *exactly as it should appear on your diploma.* Indicate the correct degree and major which you intend to complete.

Name (First	, Middle, Lo	ast)					
Student ID			Year		<i>Term</i> D Fall		
Email Address					SpringSummer		
Do you plan on participating in the graduation ceremony held in May?							
Yes	🛛 No	Unsure at this time					
Indicate the correct degree and major which you intend to complete.							

DEGREE	MAJOR
Associate of Arts	1
Associate of Science	
□ Certificate	2

I understand that if I do not complete my prescribed curriculum, my degree will not be conferred.

Date

Student's Signature

I agree that the above student is in the process of completing the prescribed courses (or acceptable substitutions) in the above curriculum and recommend that the student be considered a candidate for the above degree or certificate.

Date Advisor's Signature
FOR STUDENT SERVICES USE

I certify that this student has a total number of credit hours of ______ in the stated curriculum and has a cumulative grade point average of ______. I recommend that this student receive the above diploma based on this information.