



This form is to be used by students who are at the culmination of their program of study.

PLEASE TYPE OR PRINT CLEARLY

**PERSONAL DETAILS**

Full Legal Name \_\_\_\_\_

Last 4 SSN or APT ID # \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**CONTACT DETAILS**

Residential Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

\* If this is a permanent address and/or phone number change, please mark here:

**GRADUATION INFORMATION**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> AS Electric Power Systems              | <input type="checkbox"/> Professional Certificate in Telecommunications Essentials    | <input type="checkbox"/> Professional Certificate in Fiber Optics Essentials and Advanced Applications |
| <input type="checkbox"/> AS Renewable Energy                    | <input type="checkbox"/> Professional Certificate in Telecommunications Technologies  | <input type="checkbox"/> Professional Certificate in Wireless Essentials                               |
| <input type="checkbox"/> AS Telecommunications Technology       | <input type="checkbox"/> Professional Certificate in IP Network Essentials            | <input type="checkbox"/> Professional Development  |
| <input type="checkbox"/> Career Certificate in Renewable Energy | <input type="checkbox"/> Professional Certificate in IP Network Advanced Applications |  |

Complete name **EXACTLY** as you want it to appear on your diploma

**PAYMENT METHOD – DEGREE STUDENT ONLY**

Please choose the method with which you wish to pay your Graduation Application Fee\*\*  
\*\* The Graduation Application Fee is \$50

Method of payment:

- Check (*enclosed*)
- Credit Card: (*please check the card type*):  Visa  MC  AMEX  DISCOVER

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_

**AFFIRMATION**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this Graduation Application to:**

APT College  
Admissions and Records Department  
1939 Palomar Oaks Way, Suite A  
Carlsbad, CA 92011

**Contact Us:**

Phone 800-431-8488  
Fax 888-431-8588  
Website [www.aptc.edu](http://www.aptc.edu)

