The Antigua and Barbuda International Institute of Technology
Application for Graduation
Associate Degrees/Diplomas

This application must be typewritten and must be submitted to the Dean's Office no later than the indicated deadline below.

Proposed Program Completion Date: _____
                                                Month   Year

Major: _____   Degree ☐ Diploma ☐

Student ID #: _____

Name: _____
                    Last   First   Middle
(Please ensure that your name appears the way you expect it to appear on your degree/diploma)

Address: _____
                Street/Road   Parrish/Village   Email Address

Number of Courses Completed Already: _____

Number of Courses still left to be completed: _____

Grade Point Average (GPA): _____ (You must have a GPA of 2.00 or better to graduate)

_____   _____
Registrar's Signature   **Date**

_____   _____
President/Dean Signature   **Date**

_____   _____
Student Signature   **Date**

Graduation Application Deadline: _____