WALLACE COMMUNITY COLLEGE

SELMA

**Graduation Verification for Summer Admissions**

**(For Current High School Seniors Only)**

**Summer 2016**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School Diploma Type

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Graduation Date

I certify that the above named student has met all requirements at this time for graduation at our school that is planned to take place on the above designated graduation date.

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Guidance Counselor’s Signature Date

Students, please return the completed form to the Admissions office.

Wallace Community College Selma

Office of Admission and Records

P O Box 2530

3000 Earl Goodwin Parkway

Selma, AL 36702-2530

Phone: (334) 876-9295

Fax: (334) 876-9300

shelia.jefferson@wccs.edu

*Note: This form DOES NOT replace the school requirement for a* ***final high school transcript showing date of graduation.***

*Please have your school counselor send an official transcript after graduation.*