



To be completed by student and submitted to records office

SS # _____ Student Name _____ (Print name as it is to appear on your diploma)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Program Information

Program/Major _____ Specialty _____

Completion Date: Fall Term Spring Term Summer Term

Degree: Associate in Science Associate of Arts Associate in Applied Science Technical Certificate

Graduation Ceremony

I plan to walk in the graduation ceremony. Yes No

Student Signature _____ Date _____

To be completed by academic advisor

Check if all course work has not been met. Check if all course work has been met.

List course work needed to complete degree: (List all work needed including courses currently enrolled in)

Table with 6 columns: Term, Course #, Course Title, Term, Course #, Course Title. Includes multiple rows for listing course work.

I certify that upon completion of the above listed course work and the student maintains a minimum cumulative GPA of 2.0, the student will have completed all course work necessary to receive the following diploma:

Degree (Check one): AA AS AAS TC Major: _____ Specialty: _____

Expected date for graduation: Term _____ (example 200820)

Program Chair: _____ Date: _____

Division Chair: _____ Date: _____

Database _____ Screen 117 (Code 1) _____ Grades Verified _____

Registrar: _____ Date _____

Degree _____ Major _____ Speciality _____ Term _____

Diploma printed and mailed _____ Screen 117 (Code 5) _____

Application denied and filed _____

Copy of Curriculum Guide and course substitution forms must be returned with application.