

Meet with your advisor when completing this application.

\*\*\*Application must be received in the Records Office on or before the deadline in the schedule\*\*\*

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone:(home) \_\_\_\_\_ (work) \_\_\_\_\_

- Associate of Arts Major Area \_\_\_\_\_
- Associate of Science Major Area \_\_\_\_\_
- Associate of Applied Science Major Area \_\_\_\_\_
- Diploma Major Area \_\_\_\_\_
- Certificate Major Area \_\_\_\_\_

Semester you plan to graduate

Fall  Spring  Summer Year

List courses you are currently taking or plan to take.

SUBJ	CRSE	Title	Credit hrs	Semester

Do you plan to issue substitutions to Dean/Vice President? Yes  No

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please complete questionnaire on reverse side.**