



Application for Degree

Fill in your name as you would like it to appear on your diploma (PRINT LEGIBLY):

Applicant Information

Applicant Name: _____
 Last Name First Middle Student ID #

Address: _____
 Street Address Apt. #

_____ City State Zip Phone Student's email address

Alternate Contact Information

Address to which you would like your diploma mailed, if different from above. NOTE: MUST attach a mailing label for international delivery and pay a \$30 fee for mailing. (Diploma will be mailed approximately 12 WEEKS after the end of the quarter)

Address: _____
 Street Address Apt. #

_____ City State Zip Phone

If Paying by Card: _____
 Card Number (Visa and Master Card ONLY) Exp. Date (mm/yy) Signature

Other College Transcripts.

(NOTE: Official copies of other college transcripts with credits applied toward requirements must be on file in order for you to graduate.)

I am applying to graduate at the end of: (Circle one below and enter the year)

FALL WINTER SPRING SUMMER Year: _____

Select Type of Degree (Check appropriate box or boxes)

- 1. Associate in Arts – direct transfer (AA-DTA)
- 2. Associate in Arts – individualized plan (AA-IP)
- 3. Business AA-DTA/MRP
- 4. Associate of Music – individualized plan (AM)
 Check the appropriate degree: Classical Voice
 Classical Piano
 Instrumental Music
- 5. Associate in Fine Arts – direct transfer (AFA-DTA)
 Check the appropriate degree: Foundation Studio Art
 Photography
- 6. Pre-Nursing AA-DTA/MRP
- 7. Associate in Science – transfer (AS-T)
 Check the appropriate degree: Track 1
 Track 2
- 8. Bioengineering and Chemical Engineering AS-T Track 2/MRP
- 9. Computer & Electrical Engineering AS-T Track 2/MRP
- 10. Mechanical/Civil/Aeronautical/Industrial/Materials Science Engineering AS-T Track 2/MRP
- 11. Associate in Applied Science – transfer
 Note: Completed, signed planning sheet MUST be attached with this form.

 Name of program
- 12. Associate in Applied Arts & Science
 Note: Completed, signed planning sheet MUST be attached with this form.

 Name of program
- 13. Optional HS Diploma Award:
 I am 21 years old or older, do not have a HS diploma and I am requesting a HS diploma be awarded with my Associate Degree.

OFFICE USE ONLY

Graduation Approved: _____ Date: _____

Quarter: _____ TR Cr: _____

Diploma Ordered: _____ SCC GPA: _____ Honors: _____ Diploma sent: _____

Mail to: Attn. Enrollment Services • Shoreline Community College • 16101 Greenwood Ave. N. Shoreline, WA 98133.
Questions: contact Cecily Sherritt at csherritt@shoreline.edu by fax to 206-546-5835.