



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

International Mailing: _____
 Card Number (Visa or Master Card ONLY) Exp. Date (mm/yy) Signature

(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)

- | | |
|--|--|
| <p>1. <input type="checkbox"/> Associate in Arts – direct transfer (AA-DTA)</p> <p>2. <input type="checkbox"/> Associate in Arts – individualized plan (AA-IP)</p> <p>3. <input type="checkbox"/> Business AA-DTA/MRP</p> <p>4. <input type="checkbox"/> Associate of Music – individualized plan (AM)
 Check the appropriate degree:
 <input type="checkbox"/> Classical Voice
 <input type="checkbox"/> Classical Piano
 <input type="checkbox"/> Instrumental Music</p> <p>5. <input type="checkbox"/> Associate in Fine Arts – direct transfer (AFA-DTA)
 Check the appropriate degree:
 <input type="checkbox"/> Foundation Studio Art
 <input type="checkbox"/> Photography</p> <p>6. <input type="checkbox"/> Pre-Nursing AA-DTA/MRP</p> <p>7. <input type="checkbox"/> Associate in Science – transfer (AS-T)
 Check the appropriate degree:
 <input type="checkbox"/> Track 1
 <input type="checkbox"/> Track 2</p> <p>8. <input type="checkbox"/> Bioengineering and Chemical Engineering AS-T Track 2/MRP</p> | <p>9. <input type="checkbox"/> Computer & Electrical Engineering AS-T Track 2/MRP</p> <p>10. <input type="checkbox"/> Construction Management AA-DTA/MRP</p> <p>11. <input type="checkbox"/> Mechanical/Civil/Aeronautical/Industrial/Materials Science Engineering AS-T Track 2/MRP</p> <p>12. <input type="checkbox"/> Associate in Applied Science-Transfer
 Note: Completed, signed planning sheet MUST be attached with this form.

 Name of program</p> <p>13. <input type="checkbox"/> Associate in Applied Arts & Science
 Note: Completed, signed planning sheet MUST be attached with this form.

 Name of program</p> <p>14. <input type="checkbox"/> Optional HS Diploma Award: (effective 07/28/2019)
 I do not have a HS diploma and I am requesting a HS diploma be awarded with my Associate Degree.</p> |
|--|--|

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 csherrit@shoreline.edu by fax to 206-546-5835.