

Shoreline Application for Graduation

irst Name	Middle Name	Last Name		Student ID #	
reet Address		Apt. #		Daytime Phone #	
у	State		Zip Code		
	ch you would like your dip e mailed 8-12 weeks after			ifferent:	
ipioilia wili be	illalied o-12 weeks after	quai	ter s enu.,		
reet Address	iress			Daytime Phone #	
	Chata		Zin Codo		
у	State		Zip Code		
	lleges you have attended:	(NO	TE: Official cop	pies of all other college transcripts	
ust be on file in or	der for you to graduate.)				
am applying fo	or graduation at the end of	(cire	cle one belov	w):	
		•		•	
ALL WINTER	R SPRING SUMMER		Year:		
	SELECT TYPE OF DEGI	REE	(circle 1 or 2	2 below):	
1. Associate i	n Arts & Sciences (AAS)	2.	Associate i	n Science (AS)	
	egree, check Option A or B		For the AS deg	gree, check Track 1 or Track 2:	
below:					
Option A (Appropriate for transfer within Washington to			☐ Associate o	f Science/ Track 1	
	/SU, Evergreen, PLU, SPU, SU, NW College, and because it transfers as a package and fulfills all			ences, Chemistry/Biochemistry, Environmental/ iences, Geology & Earth Sciences, Oceanography	
general education req	uirements; also most proficiency and distribution			, Pre-veterinary Medicine),	
requirements at UW v	vill be completed.)		☐ Associate o	f Science/ Track 2	
•			(Computer Sci	ience, Engineering, Physics/Astronomy/	
-	For Option B, you must state the	9	Astrmospheric	Sciences)	
college you wil	I be transferring to:	3.	Associate i	n Applied Arts & Sciences	
			(AAAS):		
Name of four-year col	lege				
(The four-year college will evaluate student transcript on a			Name of program		
course-by-course I	oasis toward degree requirements.)			S you must attach a copy of your program	
			division chairperso	ned by your program advisor and n.)	
			-	·	
TUDENTIC CIO	MATURE			DATE	
IUDENI'S SIG	NATURE				
	FOR OFFIC				
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raduation app	roved — Signature of credentials ev	aluata:		_ Date	
	Signature of credentials ev	aiuator			
earee entered	Quarter			TB cr	
-	SCC gpa _				
	SUL ana			HODORS	

_____ ICRC/program _____

Diploma sent _____

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