



Degree Candidacy Declaration Form

Form 73

NOTICE TO STUDENTS!!!

COMPLETE THIS FORM THE QUARTER BEFORE THE QUARTER OF YOUR EXPECTED GRADUATION.

You must complete a separate Degree Candidacy Declaration Form for each degree and/or certificate.

There is a fee of \$30 for the first degree or certificate awarded in a quarter and a \$10 fee for each additional degree or certificate in the same quarter. Fees must be submitted to the Business Office with completed form.

All fees are non-refundable and non-transferable. There are no exceptions.

Section I: Students complete items 1 - 8 and submit to Business Office with required payment.

1. TODAY'S DATE:

2. STUDENT INFORMATION:

Name (print name as it appears on legal form of ID – driver's license or social security card)

Student ID#

Mailing address

City

State

ZIP Code

Phone number

3. CHECK ONE OF THE FOLLOWING:

Associate of Applied Business Degree

Associate of Applied Science Degree

Associate of Arts Degree

Associate of Science Degree

Associate of Technical Studies Degree

Certificate

4. ENTER PROGRAM OF STUDY:

5. ENTER CONCENTRATION or SPECIALTY OPTION, IF APPLICABLE:

6. I will complete my degree/certificate requirements at the end of

Quarter*

Year

*THIS FORM MUST be submitted to the Business Office along with all applicable fees one quarter before stated date of completion. **If degree/certificate requirements are not met by the date stated, re-application and re-payment of fees will be necessary.**

Degrees and certificates are awarded at the end of the quarter in which the student successfully completes program requirements.

7. Are you a high school graduate?

Yes

No

GED

CHECK WITH RECORDS OFFICE TO MAKE SURE WE HAVE A COPY OF YOUR FINAL HIGH SCHOOL TRANSCRIPT/GED TEST SCORES.

8. Are you a member of Phi Theta Kappa/Beta Theta Mu Chapter?

Yes

No

STUDENTS ARE URGED TO ATTEND THE GRADUATION CEREMONY.

NOTE: Reasonable accommodations will be made for guests at the graduation ceremony who require extra space (e.g., wheelchair, crutches, walker, oxygen tank, etc.). Contact the Records Office to arrange for special seating for these guests and family members. Other accommodation requests may require clarification/approval through the Director of Human Resources, who serves as the ADA Compliance Coordinator.

STUDENTS: STOP HERE - SUBMIT TO BUSINESS OFFICE WITH REQUIRED PAYMENT.

PROGRAM CHAIRS - SEE OTHER SIDE

NAME OF CANDIDATE: _____

Section II – Program Chairs

NOTE TO PROGRAM CHAIRS: You will receive this form *twice* – the first time is to list all deficiencies. When this is done, please *initial and date* the form where indicated, and RETURN IMMEDIATELY TO THE RECORDS OFFICE. The second receipt of this form is to insure that all deficiencies have been completed and the candidate is ready to graduate. If this is the case, please sign where indicated below.

List remaining courses and deficiencies of the candidate:

CURRENT Course Number/Title	DEFICIENT Course Number/Title	
_____	_____	_____
_____	_____	Date
_____	_____	_____
_____	_____	_____
_____	_____	Initials
_____	_____	_____

GPA (>2.00) Yes No

_____ Actual GPA

Requirements Complete: _____

Program Chair

_____ Date

DO NOT SIGN until requirements have been met

Dean of Academic Affairs

_____ Date

Section III – Business Office

FEE PAID:

Date _____

Receipt No. _____

Initials _____

Agency Billed _____

Section IV – Records Office

Diploma Ordered (Date) _____

Certificate Typed (Date) _____

Entered on Transcript by (initials) _____

Date Entered on Transcript _____