Staff Initials _____
Date _____

Application for AA or AS Degree

Please review the graduation requirements and procedures before completing application.

I plan to graduate (indicate year): Summer_____ Year Fall_____ Year Spring_____ Year

STUDENT INFORMATION		
Name	Date of Birth	SSN or Student ID
Address		
City		Zip Code
Phone Number	E-mail Address	

PREVIOUS EDUCATION

List colleges attended: (*if transcripts are not on file in the Admissions office, they must be submitted **ASAP**.)*

_____ _____ _____

_____ _____ _____

Do you have AP or CLEP test scores? ☐ Yes ☐ No Please Circle: AP CLEP
(*Test scores must be on file with the Admissions office.)*

Are you currently enrolled at VVC? Yes ☐ No ☐

Are you **currently** enrolled at another college? Yes ☐ No ☐
Name of other college:
_____

Do you plan to attend VVC after graduation? Yes ☐ No ☐

Are you a Veteran or currently in the service?
YES ☐ (DD214 Form must be on file.) NO ☐

Have you met the 12 unit residency requirement at VVC?
YES ☐ NO ☐

Are you a Phi Theta Kappa member?
YES ☐ NO ☐

DEGREE INFORMATION

Major for which you are applying: _____ Catalog Year: _____

I authorize my name and honors to be published in the Commencement Program. ☐ Yes ☐ No

Clearly print your name as you want it to appear on the diploma:

Diploma Mailing Address (address to which diploma should be mailed):

_____
Address City State Zip Code

I understand that it is my responsibility to ensure that official documents are attached and/or on file with the Admissions office in order to process my graduation application.

_____ _____
Student Signature Date