

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	Student ID Number
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.)*

<p>Are you currently enrolled at VVC?      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you <b>currently</b> enrolled at another college?      Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of other college: _____</p> <p>Do you plan to attend VVC after graduation?      Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Are you a Veteran or currently in the service?          YES <input type="checkbox"/> (DD214 Form must be on file.)      NO <input type="checkbox"/></p> <p>Have you met the 12 unit residency requirement at VVC?          YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p>Are you a Phi Theta Kappa member?          YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
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### 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
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**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