



Application for Graduation – Associate Degree Programs

RETURN COMPLETED FORM TO RECORDS OFFICE – FIRST FLOOR, SC4 WELCOME CENTER

Date: _____ Phone Number: _____ Catalog year* _____

Print name the way you want it on your diploma in upper and lower case

Student number or Social Security Number

Address to where the diploma is to be mailed**

December 20__ May 20__
August 20__

City, State, ZIP

Are you in the Honors Program?
(circle one) YES NO

Preferred email: _____

*To be followed when evaluating your degree requirements. Please direct questions about your catalog year to the Records Office at (810) 989-5550.
**Provide address that is valid for diploma mailing time frame: May graduates = diploma mailed in July;
August graduates = diploma mailed in October; December graduates = diploma mailed in March

Please check (✓) appropriate degree. One degree per application.

TRANSFER DEGREES

____ Arts (AATLA) ____ Science (ASTSC) ____ General Education (AGEGE) ____ Business (ABTGB)

APPLIED ARTS AND SCIENCE

- ____ Accounting (AASAC)
- ____ Allied Health (AASAH)
- ____ Business, General (AASGB)
- ____ Computer Information Systems (AASIS)
- ____ Networking (AASCN)
- ____ Programming (AASPR)
- ____ Web Development (AASWD)
- ____ Criminal Justice – Generalist (AASCG)
- ____ Engineering Technology
 - ____ Electronics (AASER)
 - ____ Engineering Graphics/CAD (AASEG)
 - ____ Mechatronics (AASEM)
 - ____ Precision Machining (AASEP)
 - ____ Welding and Fabricating (AASEW)
- ____ Graphic Design (AASGD)
- ____ Health Information Technology (AASHI)
- ____ Magnetic Resonance Imaging (AASMI)
- ____ Management (AASMN)
- ____ Marketing (AASMK)
- ____ Nursing (AASRN or AASNT)
- ____ Radiologic Technology (AASRD)
- ____ Therapeutic Massage (AASTM)
- ____ Other* _____

*For students completing degree programs that are no longer active

FOR OFFICE USE ONLY	GPA _____	CL	MC	SC	MA/MTA	PTK
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