

PRIORITY DEADLINES
Spring/Summer: First Friday in April
Fall: First Friday in November

STUDENT INFORMATION – PLEASE PRINT LEGIBLY

Full Name: _____ **Student # (not MEID):** _____
(First) (Last)
Address: _____ **MEID:** _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** _____
Print your name as it should appear on diploma/certificate _____

GRADUATION INFORMATION – TO BE COMPLETED WITH AN ACADEMIC ADVISOR

Please indicate the semester and year in which you will complete your degree/certificate requirements:

Spring/May – Year _____ Summer/Aug. – Year _____ Fall/Dec. – Year _____

I am an active member of Phi Theta Kappa (PTK) Yes No

List all schools attended (excluding Maricopa County Community College District (MCCCD) Schools)

All approved substitutions and/or Credit by Evaluation forms are attached or on file with A & R

DEGREES/CERTIFICATES APPLYING FOR: In progress & currently enrolled Completed Degree/Certificate

Associate in:

_____ Plan Code _____	AGEC-A (8001N) <input type="checkbox"/>
_____ Plan Code _____	AGEC-B (8002N) <input type="checkbox"/>
_____ Plan Code _____	AGEC-S (8003N) <input type="checkbox"/>
_____ Plan Code _____	

Certificate in:

_____ Plan Code _____
 _____ Plan Code _____
 _____ Plan Code _____

Graduation Comment:

Staff Use

Staff Use

Staff Use

A completed unofficial check sheet is attached to this application.

Note: The catalog year listed on the check sheet/degree audit will be used to determine student's degree eligibility.

ACADEMIC STATUS, AND SIGNATURES:

I have read and understand the information provided on this application. I understand that my degree WILL NOT be posted until I have successfully completed ALL degree requirements as outlined by the Academic Catalog. Students who fail to comply with these requirements may be required to apply to a later graduation date. My signature gives consent to publish my name and academic recognition in the college commencement program. If application is turned in after the deadline, your name is not guaranteed to appear in the commencement program.

Applicant's Signature: _____ **Date:** _____

Advisor's Printed Name: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____