



APPLICATION FOR DEGREE

Associate in Arts/Associate in Science

Admissions & Records Office, 3000 Mission College Blvd, Santa Clara, CA 95054-1897

AA/AS

Name: _____ Student ID: _____
 First Middle Last
 (Print your name as it is to appear on the degree)

Address: _____ Home Phone: _____
 Street

City State Zip Other Phone: _____

Name: _____
 Last Name, First Name

SID#: _____

Courses required for the degree will be completed: Year: ____ Fall Spring Summer

AA Major: _____

AS Major: _____

GE Pattern: AA/AS CSU GE-B IGETC

NOTE: Completion of either of the CSU GE-B or IGETC pattern qualifies you for a Certificate of Achievement. Complete the Application for Certificate.

All Official Transcripts that apply to your degree must be on file in the Records Office or your Application for Degree will be DENIED

- Have you taken a course(s) from another institution(s)?
 Yes No
- In order to provide a prompt evaluation of your petition, list all colleges previously attended and the date you requested your transcript sent to Mission College

PREVIOUS COLLEGE(S) ATTENDED	NAME USED WHILE ENROLLED	DATE TRANSCRIPT REQUESTED

- List Course Substitution: approval must be obtained by Major Department Chair.

COURSE	SCHOOL WHERE COURSE(S) WAS TAKEN	SUBSTITUTE FOR MISSION COLLEGE COURSE	DEPARTMENT CHAIR SIGNATURE

- How did you meet the Reading Proficiency Requirement?
 Reading 054 course Proficiency Exam Course from other college
- How did you meet the Information Competency Requirement?
 LIB 010 Proficiency Exam Course from other college

6. **INTERNATIONAL STUDENTS:** This application must be signed by a Designated School Official (DSO)
 DSO Print: _____ Signature: _____ Date: _____

Student Signature: _____ Date: _____

