SEATTLE CENTRAL COMMUNITY COLLEGE

GRADUATION APPLICATION
ASSOCIATE OF ARTS DEGREE

INSTRUCTIONS TO APPLICANT:

1. Complete the student section of the application form.
2. Return the application form to the Division of Registration and Records, BE1104.
3. The Records Evaluator will notify you of your status.

Student I.D. Number	Name (Must match student records)	
Address Apt. #	City & State	Zip Code
Daytime Telephone Number:	Student Signature: _____	
Circle Quarter Expected to Complete F W Sp Su 20_____	Please circle one if you have credits from another campus that apply toward this degree: NORTH SOUTH IF OTHER, LIST: 1. _____ 2. _____ 3. _____	

Indicate class schedule for final two quarters of enrollment below:

Quarter & Year: F W Sp Su 20___			Quarter & Year: F W Sp Su 20___		
COURSE NO.	COURSE TITLE	CREDITS	COURSE NO.	COURSE TITLE	CREDITS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TO BE COMPLETED BY RECORD EVALUATOR

	G.P.A. Credits	Credits Earned
Credits Transferred	_____	_____
Credits Earned at SCCC	_____	_____
Total Credits Earned to date	_____	_____
Credits from Schedule above	_____	_____
Total Credits	_____	_____
Graduation GPA to date	_____	_____

(Will include transferred credits and all credits attempted at SCCC)

REQUIREMENTS

A.	Basic	15	_____
B.	Visual, Lit & Perf Arts	15	_____
C.	Natural World	15	_____
D.	Indiv, Cult & Soc	15	_____
E.	Electives	30	_____
	Special IS	8	_____
	Communications	5	_____
	US ____		
	Global ____	MAT 098	_____