_____SEATTLE CENTRAL COMMUNITY COLLEGE_____

G R A D U A T I O N A P P L I C A T I O N

A S S O C I A T E O F S C I E N C E D E G R E E

INSTRUCTIONS TO APPLICANT:

CHECK ONE:_____AS-DTA
_____AST-Option 1
_____AST-Option 2

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)	
Street Address	City & State	Zip Code
Daytime Telephone Number:	Check Here: Male: _____	Female: ____
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 two final 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	R E Q U I R E M E N T S
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)			____