

- Official Copy
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Students must make an appointment to meet with an Academic Success Center advisor in order to turn in this application.

Associate of Arts and Science Degree Application

(Please print name **exactly** as you would like it to appear on your diploma.)

Name:

Student ID#:

Birthdate:

Degree will be completed in: Spring ____ Summer ____ Fall ____ Winterim ____

Contact Information

(Print address where diploma should be mailed.)

Street:

City:

State:

Zip:

Email address (non-campus):

Phone Number (with area code):

Associate Degree with Emphasis

(Refer to <http://uwc.edu/academics/degrees/associate/emphases> for emphasis areas and required courses.)

Have you fulfilled the requirements to earn an Associate Degree with emphasis? Yes No

Please list the area(s) of emphasis earned:

When was the last required course for your area of emphasis completed (e.g., Fall 2015)?

Certificate

Have you fulfilled the requirements to earn a certificate? Yes No

Please select the certificate earned: American Indian Studies Art Business
 Health & Exercise Science International Studies Legal Studies Women's Studies

Honors

Are you a member of Phi Theta Kappa? Yes No

Have you completed the Honors Program? Yes No

Are you a veteran of the Armed Services? Yes No

High School Information

Name of High School: _____ Graduation Year: _____

Name at graduation (if different):

Future Plans

Would you like information on the Bachelor of Applied Arts & Sciences (BAAS)? Yes No

Name of the next institution you plan to attend:

NOTE TO FINANCIAL AID RECIPIENTS

If you have met all requirements of the Associate Degree, you will no longer be eligible for financial aid at the UW Colleges unless you plan to pursue the BAAS. This will not affect your financial aid eligibility at a four-year campus.

For Office Use Only

Preliminary Audit	Date:	Initial:	GPA:	Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Reason not approved:					
	AC/AC appeal submitted on:		Will be transferring credits from: _____			
	Anticipated credit transfer date: _____					
Final Audit	Date:	Initial:	Final GPA:	Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Reason not approved:			Honors: Summa Magna Cum		
Degree Posted	Date:	Initial:				
Diploma Ordered	Date:	Initial:				
Diploma Mailed	Date:	Initial:				

