



PETITION FOR ASSOCIATE DEGREE

Name _____ SSN / ID# _____

Address _____ Date of Birth _____

City /State _____ Zip _____ Daytime Phone # _____

Email Address _____ How do you prefer to be contacted?
 Email Mail

I will be done with all coursework for this degree: FALL SPRING* SUMMER Year _____

PRINT NAME EXACTLY AS IT IS TO APPEAR ON THE DIPLOMA:

First / Middle / Last

COLLEGE OF THE CANYONS MAJOR (for students electing to graduate with multiple majors, please list both)		Is this a second degree?
CODE: _____ MAJOR: _____		YES <input type="checkbox"/> NO <input type="checkbox"/>
CODE: _____ MAJOR: _____		
OTHER COLLEGES ATTENDED:	ARE TRANSCRIPTS ON FILE?	
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU CURRENTLY ENROLLED AT COC? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you plan to participate in commencement?	
ARE YOU CURRENTLY ENROLLED AT ANOTHER COLLEGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF OTHER COLLEGE: _____	Have you petitioned for any course substitutions?	
DO YOU PLAN TO ATTEND COC AFTER GRADUATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

I request that my name be placed on the list of candidates for graduation. I understand my diploma will be mailed to the address listed above 2-3 months after grades post at the end of the term.

STUDENT SIGNATURE _____ DATE _____

-----DO NOT WRITE BELOW THIS LINE-----

Catalog Year _____

Counselor / Program Advisor Signature _____ Date _____

Notes: _____

*Spring petition includes students who finish classes during the winter term.
8/3/2009