

DE ANZA COLLEGE GRADUATION APPLICATION FOR ASSOCIATE DEGREE

SID: _____ Award Date: Fall Winter Spring Summer Year 20 ____

Member of Phi Theta Kappa

Phone: (____) _____

PRINT NAME AS IT SHOULD APPEAR ON DIPLOMA

Email: _____

Name: _____ Other names used? _____
First Middle Last

Street: _____

City: _____ State: ____ Zip: _____

AA AS Major _____

TO BE COMPLETED:

Requirements Pending	Quarter	Final Grade

- Attach a DegreeWorks audit showing a minimum of 95% completion of program to application by end of current term.
- Submit application with audit in the Admissions and Records drop box located outside south entrance of Student and Community Services Building (near Bookstore)
- Approved petitions for course substitutions/waivers must be on file in A & R prior to submitting application.

Student Agreement

I agree to notify the Evaluation Office at (408) 864-8651 or 8288 or 8375 if there are any changes to this application. I understand it will be my responsibility to **file another application** if I do not fulfill the requirements pending.

Student Signature _____ Date _____

Submit to: Evaluation/Admissions and Records Office Drop Box

Drop box located outside south entrance of Student and Community Services Building (near Bookstore)

Final Action – Evaluation Office Only

Units Completed		GPA
De Anza		
Foothill		
Transfer		
TOTAL		

Honors: _____

Date: _____

Diploma mailed: _____

Verified by: _____

List colleges attended, including Foothill:

College	ON FILE		Need Official Transcript
	Yes	No	
<input type="checkbox"/> Pre 83 De Anza*			
<input type="checkbox"/> Pre 83 Foothill*			

***Check box if credit received prior to 1983.**

DIPLOMAS WILL BE MAILED 3 MONTHS AFTER THE CLOSE OF THE QUARTER IDENTIFIED ABOVE AS AWARD QUARTER.