



DEGREE APPLICATION

Admissions & Records
PO Box 496006
Redding, CA 96049-6006

Please indicate the semester of degree completion: _____ Fall _____ Spring _____ Summer Year: 20_____

Name exactly as it is to appear on your diploma

Student ID number

Other names under which you have been known

Phone number

Address to mail diploma to (Street, City, State, and Zip Code)

Email address

Do you plan to attend the graduation ceremony in the Spring? _____ YES _____ NO

Do you need special arrangements for access (wheelchair, sign language interpreter)? _____ YES _____ NO

Hometown to be listed in the graduation program: _____

Are you a Phi Theta Kappa (PTK) member? _____ YES _____ NO PTK# _____

Please indicate the specific degree for which you are applying: _____ Year of Catalog Rights: _____

University Studies Degree:

_____ AA University Studies Major: _____ Degree Code: _____ GE Option: _____

Associate Degree for Transfer:

_____ AA-T Major: _____ Degree Code: _____

_____ AS-T Major: _____ Degree Code: _____

General Studies Degree:

_____ AS General Studies Major: _____ Degree Code: _____

Associate Degree:

_____ AA Major: _____ Degree Code: _____

_____ AS Major: _____ Degree Code: _____

List of majors and degree codes is located on the reverse side of this form.

1. Are all official transcripts from your other colleges on file at Shasta College? _____ YES _____ NO _____ N/A
2. List other colleges attended: _____
3. All relevant Advanced Placement (AP) scores must be on file at Shasta College.
4. All applicable course waivers and substitutions must be attached and submitted with this application.

-----**FOR OFFICE USE ONLY**-----

Degree Approved: YES NO **Term:** _____ **Evaluated By:** _____

Posted to Transcript: _____ **Start Date of Catalog Rights:** _____ **Diploma Sent:** _____
Date Initials Date Initials

Comments: _____