



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, 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# _____

Graduation Checklist (required)

Student's Checklist

Counselor's Checklist

- ___ Transcripts from other schools on file at Shasta College
___ Seen counselor to have course equivalencies done for transcripts from other colleges
___ Advanced Placement (AP) scores on file at Shasta College
___ *Course Waivers/Substitutions of Core Courses attached to this application
___ Meet with a Counselor prior to turning in this application
___ Student's initials

- ___ Relevant course equivalencies completed and attached or on T-Drive.
___ Confirm correct major, degree code, and catalog rights
___ Confirm student has met all requirements (Including Computer Literacy, Multicultural, etc.)
___ Attach any and all relevant evaluation materials (EdPlan, GE sheet, SARS notes, etc.)
___ Counselor's initials

*Waivers/Substitutions of Core Courses must be attached to this application. If you have previously submitted them to Admissions & Records, please ask for a copy when submitting this application.

Please indicate the specific degree for which you are applying:

Year of Catalog Rights: _____

Type of Degree (select one) Major: Degree Code: GE Option*:
___ AA University Studies (e.g. Social Science) (e.g. AA.1501)
___ AA-T
___ AS-T
___ AS General Studies
___ AA
___ AS
___ BS - Bachelor of Science Health Information Management
Listing of majors and degree codes are listed on the reverse side of this form *For University Studies degrees ONLY

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: _____