Application for Graduation – Associate Degree Programs
**RETURN COMPLETED FORM TO RECORDS OFFICE – Room 105, 1ˢᵗ Floor Welcome Center
Or email to enrollment@sc4.edu**

Date: _____ Phone Number:_____ Catalog year*_____

_____
Print name the way you want it on your diploma in upper and lower case

_____
Student number or Social Security Number

December 20____   May 20____

August 20____

_____
Address where the diploma is to be mailed**

_____
City, State, ZIP

_____
Preferred E-mail Address

*To be followed when evaluating your degree requirements. Please direct questions about your catalog year to the Records Office at (810) 989-5500.
**Provide address that is valid for diploma time frame: May graduates = diploma mailed in July;
August graduates = diploma mailed in October; December graduates = diploma mailed in March

Please check (✓) appropriate degree. One degree per application.
TRANSFER DEGREES

____Arts ____Science ____General Education ____Business _____Computer Science
(AATLA)   (ASTSC)   (AGEGE)   (ABTGB)   (ACSTR)

APPLIED ARTS AND SCIENCE DEGREES

_____Accounting (AASAC)

_____Allied Health (AASAH)

_____Business, General (AASGB)

_____Computer Information Systems (AASIS)

_____Cosmetology Management (AASCY)

_____Criminal Justice Generalist (AASCG)

_____Engineering Technology

____Electronics (AASER)

____Engineering Graphics/CAD (AASEG)

____Mechatronics (AASEM)

____Precision Machining (AASEP)

____Welding and Fabricating (AASEW)

_____Graphic Design (AASGD)

_____Management (AASMN)

_____Marketing (AASMK)

_____Nursing (AASRN or AASNT)

_____Radiologic Technology (AASRD)

_____Respiratory Therapy (AASRP)

_____Software Development (AASDV)

_____Therapeutic Massage (AASTM)

_____Other*_____

*For associate programs that are no longer active

FOR OFFICE USE ONLY	GPA_____	CL	MC	SC	MA/MTA	PTK