Deg: _

tuda	nt Information						
Student Information Name (Print exactly as desired on diploma): Address: Street Daytime Phone #:					Student ID #:	Quarter/Year Expected Graduation: State & Zip code:	
					City:		
					Email Address:		
ove. d of you a	To withdraw this application the quarter. are using credits from another.	n, the Evaluations C	Office mus	t receive yo	our <u>written signed cor</u> nts, list these college	ogram requirements at the end of quarter leasent for cancellation at least 10 days before see below. NOTE: Official transcripts from the completed prior to submitting this dip	
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	applying for the follow	ina:					
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_	Associate of Arts Degre						
ב	(area of emphasis, e.g., Business, Asian Studies, etc.) Associate of Science Transfer Degree in/Pre-Major						
- -	Certificate of Achievement in						
_ _	Associate of Applied Science Degree in						
- _	Associate of Applied Science - Transfer Degree in						
_	High School Diploma						
Bachelor of Applied Science (BAS):							
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	Quarter/s Class Schedul		D	0 - 1	1		
ours	se # Course Ti	tie	Credits	Grade			
					I hereby give my name in the	STUDENT'S SIGNATURE South Seattle College permission to print ne Commencement Program to be the ceremony.	
	ADVISOR'S SIGNATUR	RF (Required)	_	1	ADVISOR'S I	Namo (Print)	
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		uve GPA of at leas	EVALUAT	TIONS OFF	CE USE ONLY	ou to earn your award.	
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