ASSOCIATE DEGREE AND CERTIFICATE APPLICATION

NAME – AS IT SHOULD APPEAR ON THE ASSOCIATE DEGREE OR CERTIFICATE: (PLEASE PRINT CLEARLY)

_____

LAST FIRST MIDDLE INITIAL OR NAME

Birth Date, Student ID #, or Social Security #: _____

High School: _____

Degree or Certificate(s) completed:
(Please check all that apply)

- ☐ Associate of Arts and Science Degree
- ☐ Business Certificate
- ☐ International Studies Certificate
- ☐ Women's Studies Certificate

Term in which requirements will be completed:

Fall Year: _____
Spring
Summer
(Please Circle)

Note to Financial Aid Recipients: If you have met all the requirements of the Associate's Degree **and** have accumulated 60+ credits, you will **no longer be eligible for financial aid at the UW Colleges.**

Address that you would like your Associate Degree or Certificate mailed:

_____
Street Address

_____
City State Zip Code

If upon review I have met all of the requirements for the Associate of Arts & Science Degree, I

- ☐ **AUTHORIZE**
- ☐ **DO NOT AUTHORIZE**

To have my name released to the public as a degree recipient.

_____ _____
Signature Date

For Office Use ONLY:

- ☐ Approved
- ☐ Denied
- ☐ Approved Pending: _____

_____
Signature Date

Revised 8/2008