

Associate Degree Application

Please complete and return t**Z**[eApplication to the Registrar's Office with a copy of your Degree Evaluation

Deadlines: May - first Friday in April August - Aug. 15 December - first Friday in November

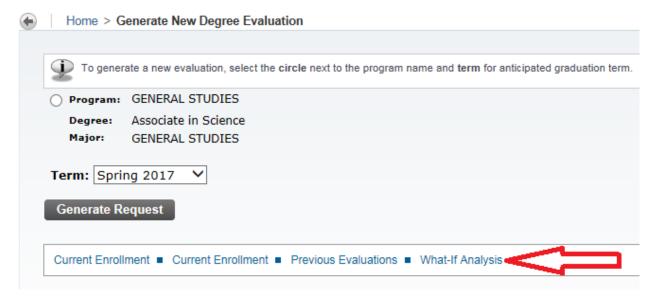
SECTION A:					
PLEASE PRINT YOUR	NAME LEGIBLY. THE	NAME ON THE DIPLOMA	WILL BE THE NAME SHOWN OF	N YOUR TRANSCRIP	
			along with required documentation before the		
Student I.D. #	. — — — — —	Check here to update a	ddress if different from our records	/system	
NAME:					
LAST		FIRST	MIDDLE		
			000.000		
STREE	r Ci	TY	STATE	ZIP	
HOME:		CELL:			
E-MAIL:		BIRTH DATE:			
MAJOR:					
Circle ONE :	A.S.	A.A.		A.A.S.	
YEAR:	MAY:	AUGUST:	DECEMI	BER:	
	All Incomplete cours and all Transfer cre the end of the semes	es must be completed; (dits <u>must appear on yo</u> eter.	CLEP, Credit by Exam ur NCC transcript by		
my major at the NCC		nent cermony, in the Comme	my degree and /or certificate award encement booklet, and in publication		
STUDENT'S SIGNATUR	Е:		DATE:		

SECTION B:

Degree Evaluation Instructions for Students

- 1. Sign on to your myCommnet account by entering your NET ID and Password
- 2. Click On: Log In
- 3. Click on Banner Student & Faculty Self-Service
- 4. Select Registration/Schedule
- 5. Click on Student Degree Evaluation
- 6. Click on Generate New Degree Evaluation
- 7. Click on the current term for evaluation (Drop down menu)
- 8. Select the bubble next to your major
- 9. Click on Generate Request
- 10. **SELECT DETAIL REQUIREMENT**
- 11. Click on the submit button
- 12. Print out the entire Graduation Evaluation making sure all the areas appear on your print out.

Return to What If Analysis to Select Another Program to Evaluate (If needed)



Areas Designated as **MET** are completed

Areas **NOT MET** need to be completed. Please speak with your program advisor or counselor to determine your eligibility for graduation



For Phi Theta Kappa Use Only:		
CUM GPA	YES	
PROGRAM GPA	NO	
	Ву:	Phi Theta Kappa Advisor

FILL OUT THIS PAGE ONLY IF YOU ARE A PHI THETA KAPPA MEMBER.

NOTICE! SUBMIT THIS FORM ALONG WITH YOUR APPLICATION FOR GRADUATION!

Dear Phi Theta Kappa Member,

Please fill out this form and return it to the <u>Records Office</u> with your graduation packet when you apply for graduation. This is so we can honor you in the graduation program. Please print clearly. **You do not need the PTK advisor's signature**.

PTK gold seals, which you can affix to your diplomas, will be provided at Commencement.

Name:			
FIRST	MIDDLE INITIAL	LAST	
Address:			
Student ID # @			
Phone Number: (Day) ()		
C		V	
Semester you joined Phi Theta I	Kappa: Fall Spring	Year	

Norwalk Community College encourages Phi Theta Kappa members to wear the gold monogrammed stole and gold tassel at Graduation, but YOU ARE RESPONSIBLE FOR ORDERING THEM. To order your Phi Theta Kappa stole and tassel, please go to www.ptk.org and click on "Recognitions."

COURSE SUBSTITUTION FORM

SECTION I

STUDENT INFORMATION with REQUEST FOR WAIVER / SUBSTITUTION

- 1. Completely fill out this section in consultation with your advisor.
- 2. Present this form with your Student Degree Evaluation to your Program Coordinator / Advisor.
- 3. This form must be signed by you, your program coordinator, and the Department Chairperson of the course to be waived.
- 4. Return the completed form to the Records Office room E102 by the *Application for Graduation* deadline.

STUDENT ID: @		
STUDENT NAME:		
ADDRESS:		
TELEPHONE NUMBER: Home		
MAJOR:		
ANTICIPATED GRADUATION DATE:		
COURSE REQUESTED TO BE WAIVED:		
COURSE REQUESTED TO BE SUBSTITUTED:		
LIST ANY PREVIOUS COURSES THAT WERE WAIVED:		
STUDENT'S SIGNATURE:	Date:	
PROGRAM COORDINATOR and D Review the Curriculum Check Sheet / Degree Evaluation to verify the Sign and date this form after indicating below either approval or discontinuous control of the statement of the sta	ne legitimacy of the course substitution.	
As Coordinator of thesheet / degree evaluation.		cript and check
I APPROVE THE ABOVE COURSE WAIVER / SUBSTITUTION		
I DISAPPROVE THE ABOVE COURSE WAIVER / SUBSTITUTION	_	
REASON FOR APPROVAL OR DISAPPROVAL:		
Coordinator's Signature:	Date:	
If Approved: Signature / Concurrence of Department Chairperson of Course to	o be Waived:	
	Date:	