



NORWALK COMMUNITY COLLEGE  
 188 Richards Avenue  
 Norwalk, CT 06854  
 203-857-7035

### Associate Degree Application

Please complete and return this Application 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 ON YOUR TRANSCRIPT.**

\*\*If your name is different from what appears on your transcript, please submit a name change form along with required documentation before the end of the current semester.\*\*

**Student I.D. #** \_\_\_\_\_ Check here to update address if different from our records/system

**NAME:** \_\_\_\_\_  
                                 LAST  FIRST  MIDDLE

**ADDRESS:** \_\_\_\_\_  
                                 STREET  CITY  STATE  ZIP

**HOME:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

Circle **ONE:**      **A.S.**    **A.A.**    **A.A.S.**

**YEAR:** \_\_\_\_\_ **MAY:** \_\_\_\_\_ **AUGUST:** \_\_\_\_\_ **DECEMBER:** \_\_\_\_\_

***All Incomplete courses must be completed; CLEP, Credit by Exam and all Transfer credits must appear on your NCC transcript by the end of the semester.***

I authorize Norwalk Community College (NCC) to publish and announce my degree and /or certificate award(s) and my major at the NCC celebratory Commencement ceremony, in the Commencement booklet, and in publications that announce the celebration of my educational achievement.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **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)

Home > Generate New Degree Evaluation

To generate a new evaluation, select the circle next to the program name and term for anticipated graduation term.

**Program:** GENERAL STUDIES  
**Degree:** Associate in Science  
**Major:** GENERAL STUDIES

**Term:** Spring 2017

**Generate Request**

Current Enrollment ■ Current Enrollment ■ Previous Evaluations ■ **What-If Analysis**

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 \_\_\_\_\_

By: \_\_\_\_\_  
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 Records Office 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) (\_\_\_\_\_) \_\_\_\_\_

Semester you joined Phi Theta 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](http://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 \_\_\_\_\_ Cell \_\_\_\_\_

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: \_\_\_\_\_

## SECTION II

### PROGRAM COORDINATOR and DEPARTMENT CHAIRPERSON

1. Review the Curriculum Check Sheet / Degree Evaluation to verify the legitimacy of the course substitution.
2. Sign and date this form after indicating below either approval or disapproval of the above substitution.

As Coordinator of the \_\_\_\_\_ curriculum I have reviewed the student transcript and check sheet / degree evaluation.

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 be Waived:**

\_\_\_\_\_ Date: \_\_\_\_\_