

COLLIN COUNTY COMMUNITY COLLEGE - ADMISSIONS AND RECORDS OFFICE
PETITION FOR DEGREE/CERTIFICATE

(Print name exactly as you want it to appear on your diploma.)

NAME _____ CWID or DATE OF BIRTH _____
LAST FIRST MIDDLE NAME

MAILING ADDRESS _____ PHONE _____
STREET APT # CITY STATE ZIP HOME WORK

DEGREE: Circle one: AA-GENA AS-GENS AAS-MAJOR _____

CERTIFICATE - MAJOR _____

EXPECTED COMPLETION DATE: _____ PARTICIPATE IN CEREMONY? _____ YES _____ NO

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY:

_____ DEGREE PLAN ON FILE	_____ TSI REQUIREMENTS SATISFIED	_____ 2.0 GPA SATISFIED
_____ ATTENDED OTHER COLLEGES	_____ 18 HOUR RESIDENCY SATISFIED	_____ HONORS
_____ RESIDENCY STATUS	_____ DIRECTORY INFORMATION RELEASE	_____ PTK/PSI BETA
_____ FINANCIAL AID LOANS	_____ ALL HOLDS CLEARED	_____ CORE COMPLETE

_____ AUDIT/LETTER MAILED: _____
_____ ALL REQUIREMENTS SATISFIED _____ REQUIREMENTS NOT COMPLETED _____ FILE INACTIVATED _____

COURSES NEEDED: _____
EVALUATED BY: _____ DATE: _____

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