

**UW-WASHINGTON COUNTY
Associate of Arts and Science Degree Application**

Name: _____
CLEARLY PRINT your name as you would like it to appear on your degree.

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address to where Associate of Arts & Science Degree should be sent:

Street	City	State	Zip
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From what high school did you graduate? _____
(If you received an equivalency diploma list the last high school you attended)

_____ (City and State where high school is located)

When did you begin your college studies at UW-WC? Year: _____ Semester: **Fall Spring Summer**

When will you complete your degree requirements? Year: _____ Semester: **Fall Spring Summer**

What is your intended major? _____
(If you are undecided, please state "undecided")

List the courses in which you are currently enrolled (final semester of enrollment).

If you are a transfer student, list all other campuses attended.

Transfer plans after graduation: _____

Do you plan on attending the graduation ceremony on Thursday, May 20, 2010 ____ Yes ____ No

Please return this form by November 3rd (for fall graduation) and April 1st (for spring and summer graduation).

Please submit the \$15 graduation processing fee with this application.

Personal e-mail Account (to contact you regarding alumni events): _____

Office Use Only

Approved by _____ Date _____

Year and semester degree is to be awarded: _____