



# Application for Graduation

- Aravaipa    Maricopa    San Tan    Signal Peak    Superstition
- Florence    Casa Grande    Casa Grande Corporate

Student ID  
Number / SSN

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Name: \_\_\_\_\_  
*(Print your name exactly as you want it to appear on your degree)*

Mailing Address: \_\_\_\_\_ Res. Life Box #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 CAC Email Address: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

*This is my current contact information and should be updated on my account.*

### CAC would like to track your success!

Personal Email Account: \_\_\_\_\_ Upon completion of your degree/certificate, you will receive an employment survey via your personal email account. Your response is encouraged and appreciated.

Anticipated Completion Date: Year 20\_\_\_\_\_  
 Fall    Spring    Summer

Catalog Year: \_\_\_\_\_  
 The Catalog Year is the year you began the program you are applying for.

**Arizona In-State Univ. Transfer:** If transferring to an Arizona In-state Univ., please indicate below for specific transfer degree evaluation.  
 Arizona State University    Northern Arizona University    University of Arizona    Other/Out-of-State/Unknown

**Degree or Certificate:** You must specify the degree/certificate in which you are applying on the line provided. A separate application is required for each degree and certificate. See "Conferring a Second Degree" section of the catalog for details on earning more than one degree.

- |   |  |
|---|--|
| <input type="checkbox"/> Associate of Arts Degree (AA) _____<br><input type="checkbox"/> Associate of Science Degree (AS) _____<br><input type="checkbox"/> Associate of Applied Science Degree* (AAS) _____<br><input type="checkbox"/> Associate of General Studies Degree* (AGS) _____ | <input type="checkbox"/> Associate of Arts Degree – Elem. Education (AAEE) _____<br><input type="checkbox"/> Associate of Business Degree (ABUS) _____<br><input type="checkbox"/> Certificate _____ |
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\* The Arizona General Education Curriculum (AGEC) Certificate is not embedded in non-transferable degrees and is considered a standalone certificate. If you wish to obtain the AGECE Certificate, you must submit a separate Application for Graduation.

Name of Hometown High School: \_\_\_\_\_

Do you have transcripts from another institution?    Yes    No   If yes, please list those institutions below  
 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

Do you have approved course substitutions on file in this office?    Yes    No   *(form submitted through your advisor)*

As a general practice, Central Arizona College releases the names of graduates for publication and/or announcement. If you prefer **NOT** to have your name released to the media, please check this box. Please note that by opting out of publication for news media release, your name will **NOT** appear in the printed program at graduation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

_____ M.A.P. Attached	_____ AGECE Completed	_____ Dipl/Cert Cover
_____ Catalog Year	_____ Dipl/Cert Ordered	_____ Dipl/Cert Mailed
_____ Qualifies	_____ Recorded on Transcript	