



Application for Degree

RECORDS OFFICE

1. Complete this application and submit with a \$35 fee to the Cashier's Office. Make checks payable to Terra Community College.
2. Complete a separate application for each degree being sought. Additional degrees are \$5 each.
3. A copy of the Application for Degree will be mailed to you, indicating the status of your application.
4. This audit does not constitute final approval for graduation. A review will be made following your final quarter.

Please Print or Type

Name _____ Signature _____ Date _____

Address _____ Social Security Number _____

City _____ State _____ Zip Code _____ Telephone Number _____

Email Address: _____

POTENTIAL GRADUATE: Please print your name legibly and exactly as it should appear on your diploma.

First _____ Middle _____ Last _____

EXPECTED DATE OF DEGREE COMPLETION: _____

Month _____ Year _____

DEGREE BEING EARNED (PLEASE CHECK ONE):

- Associate of Arts
 - Associate of Applied Business
 - Associate of Individualized Study*
 - Associate of Science
 - Associate of Applied Science
 - Associate of Technical Study*
- * Please attach copy of agreement

MAJOR: _____

If your degree audit should be based on a previous year's catalog, please indicate the year here _____

EMPLOYMENT AND TRANSFER QUESTIONS:

1. Are you currently employed? _____ If no, please skip to question #7
2. If yes, what is your job title and what is the name of your employer? _____
3. Is the job full-time or part-time? _____
4. Is the job related to your degree? _____
5. What is your per hour pay rate? \$ _____
6. How long have you been at the position? _____
7. Would you like to receive assistance with seeking a job or obtaining a different job? _____
8. Will you be enrolling in college after you complete your degree at Terra? _____
9. If yes, what college do you plan to attend and what major do you plan to pursue? _____
10. If yes, when do you plan to begin your next enrollment? _____

For Office Use Only

- All degree requirements have been met
- All degree requirements will be met with successful completion of scheduled Fall/Winter/Spring/Summer classes.
- See attached Audit for courses which need to be completed.
- Additional Comments: _____

 Evaluation completed by _____ Date _____
 Amount Paid \$ _____

Distribution: White - Records Office Yellow - Mailed to Student Pink - File Copy Rev:5/03