Community Colleges of Spokane

Spokane Falls Community College
DEGREE APPLICATION

SFCC student identification number (SID)

PRINT name legibly. (Diploma will be printed exactly as written.)

Name _____
First M.I. Last

Address _____ Day phone _____
DIPLOMA WILL BE MAILED TO THIS ADDRESS

City _____ State _____ Zip _____ Anticipated completion date _____
Quarter Year

Please check appropriate degree (YOU MUST SUBMIT A SEPARATE PETITION FOR EACH DEGREE YOU PLAN TO EARN)

DIRECT TRANSFER DEGREES
- ☐ Associate of Arts, DTA (Liberal Arts transfer)
- ☐ Associate of Biology, DTA
- ☐ Associate in Business, DTA
- ☐ Associate in Elementary Ed, DTA
- ☐ Associate in Math Ed, DTA
- ☐ Associate in Pre-Nursing, DTA

ASSOCIATE OF SCIENCE DEGREES
- ☐ Life Science
- ☐ Physical Science
- ☐ Engineering (Biol&Chem)
- ☐ Engineering (Computer&Electrical)
- ☐ Engineering (Mech,Civil,Aero)

ASSOCIATE OF FINE ARTS DEGREES
- ☐ Art
- ☐ Drama
- ☐ Music

CERTIFICATE IN FINE ARTS
- ☐ 2D
- ☐ 3D

☐ **ASSOCIATE IN APPLIED SCIENCE** (2-yr Prof/Tech)
Program _____

☐ **ASSOCIATE IN APPLIED SCIENCE-TRANSFER**
Program _____

☐ **ONE YEAR CERTIFICATE** (1-yr Prof/Tech)
Program _____

Are you going to participate in the June graduation ceremony? ☐ YES* Year _____ ☐ NO

*If petitioning for more than one diploma in a given school year, you can only march with one program. Please indicate "yes" on the petition for the program you want to march with. **If you will need special accommodations at the commencement ceremony, please contact the Disability Support Services Office.**

IF USING CREDIT FROM OTHER COLLEGES TO COMPLETE YOUR SFCC DEGREE, PLEASE LIST COLLEGE NAME:

_____

_____

_____

It is the student's responsibility to ensure official transcripts are on file in the Admissions Office.

I hereby petition for graduation and certify that to the best of my knowledge all above information is correct. I understand that I have to fill out a petition for each degree or certificate requested. I also understand that it is my responsibility to notify the credentials evaluator of any address changes for diploma mailing.

Student's signature _____ Date _____

FOR OFFICE USE ONLY

Approved _____ Phi Theta Kappa _____ Diploma ordered _____

Date _____ Approved (Yr./Qtr.) _____ Recorded on transcript _____

Final GPA _____ Denied (Yr./Qtr.) _____ Diploma mailed _____

Honor cord GPA _____