

OFFICE OF ADMISSIONS AND RECORDS

50 Frida Kahlo Way | MUB 188 | San Francisco, CA 94112 | (415) 239-3285 | graduate@ccsf.edu

PETITION FOR "ASSOCIATE DEGREE" (AA/AS)

Date: _____ Graduation Term: _____

I. To be completed by student

Student Name			Would you like your Chosen/Preferred First Name* to appear on your diploma? Yes, my Chosen/Preferred First Name on file is _____. No, I will use my legal First Name on file.		
Last*	First*	Middle			
Address**			Birth Date Student ID Number		
			____/____/____ (MM) (DD) (YY)		
City		State		Zip	
			Phone/Email		
IMPORTANT: *Your FIRST, LAST and CHOSEN/PREFERRED FIRST NAME must be the SAME as the names on your college records. These names will also appear on your diploma exactly as they are on your college records. **Diplomas will be mailed to the student's current mailing address in your college records.			Student Signature		

II. To be completed by counselor

AA/AS Degree	GE Pattern	AA/AS Major (Must v one below)	Catalog Year
(Option 1 = Option A)			[XX – XX]
<input type="checkbox"/> Associate in Arts	<input type="checkbox"/> CCSF GE	<input type="checkbox"/> Associate in Arts Major: _____ Option (if any) _____	
<input type="checkbox"/> Associate in Science		<input type="checkbox"/> Associate in Science Major _____ Option (if any) _____	

III. CCSF GE: If using courses from incoming transcript ⇨ Evaluation by A&R or ⇨ by Course Equivalency.

(Note: GE Requirements cannot be waived.)

IV. MAJOR Waiver/Substitution: To be completed by Department Chairperson or Faculty Advisor (if applicable)

Required Course or Required Area	Waived or Substituted With	Department Chair's Signature or Counselor's Initial			Required Course or Required Area	Waived or Substituted With	Department Chair's Signature or Counselor's Initial		
		CID	assist				CID	assist	
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

V. Additional Documentation (v)	
1.	CCSF in-progress courses – see worksheet/audit report
2.	Course Equivalency
3.	Evaluation/Request submitted on _____
4.	AP Exam request submitted on _____
5.	Notes
6.a	Academic Renewal: <u>Process</u> grad petition if Academic Renewal denied
6.b	Academic Renewal: <u>Cancel</u> grad petition if Academic Renewal denied

VI. In-Progress Course Work (at other colleges):		
<input type="checkbox"/> Student has In-Progress classes at other college(s) that fulfill Graduation Requirements:		
Course	Area	College
1.		
2.		
3.		
Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - Multi-Use Building (MUB) Rm. 188		

Attached please find worksheet/audit report verifying that student has met the requirements for the Associate Degree.

Counselor Name: _____	Counselor Signature: _____
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Office Use Only:	Major Code: _____ Honor: _____
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PRELIMINARY REVIEW OF PETITION	FINAL REVIEW OF PETITION
<input type="checkbox"/> Your petition is APPROVED pending satisfactory completion of your current program <input type="checkbox"/> Your petition is DENIED (Please see your Counselor)	<input type="checkbox"/> Your petition is APPROVED <input type="checkbox"/> Your petition is DENIED (Please see your Counselor)
By: _____ Date: _____	By: _____ Date: _____