APPLICATION TO GRADUATE (with an Associate Degree) – DANVILLE AREA COMMUNITY COLLEGE
It may take 3 to 4 weeks for your Application to be reviewed and a letter will be mailed to you

Please PRINT legibly and fill in all blanks. Print your name exactly as you want it to appear on your diploma.

1._____
    Last Name   First Name   Middle Name or Initial

2._____
    Current Address or P.O. Box #   City   State   Zip Code   Mailing Address (if different)

3.   [   ] [   ] [   ] [   ]
      Student I.D. #   Phone Number   Today's Date   Primary E-mail Address

4. Will you be walking in our May Commencement Ceremony?   YES   NO

      If yes, Height:_____   Weight: Under 200lbs   Over 200lbs

5. Are you a Veteran or a current member of the Armed Forces?   YES   NO

6. Are you a member of the Phi Theta Kappa (PTK) society?   YES   NO

7. Indicate the **semester** and **year** (i.e., Spring 15) in which you will complete the courses for your degree:

      Spring _____   Summer _____   Fall _____

8. List major/area of study and check your Associate Degree: Major: _____

_____ Science & Arts (ASA) _____ General Studies (AGS) _____ Applied Science (AAS) _____ Engineering Science (AES)
     (Transfer)   (Vocational/Career)   (Transfer)