

DEGREE PLAN REQUEST

UNOFFICIAL EVALUATIONS may be requested at the Counseling or Advising Center. This form is for an Official Evaluation of your academic credentials. Degree Plans may be requested any time during your first term or any subsequent terms within the system provided ALL official transcripts are on file at the college from which you request the evaluation. THIS IS NOT AN APPLICATION FOR GRADUATION OR A DIPLOMA. You may contact the Registrar's Office at your college for a Graduation Application form.

PERSONAL INFORMATION: *(Please Print Clearly)*

Student ID Number: _____ Full Name _____
 (Last) (First) (MI)

Give names *(if different from above)* that are on transcripts from other institutions:

Address:	APT#:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		HOME PHONE NUMBER:	BUSINESS PHONE NUMBER:	

STUDENT STATUS: (CHECK ALL THAT APPLY)

- DCCCD hours only
- Attended other Colleges or Universities (You must have ALL Official Transcript on file at the college from which you request the Degree Plan.)
- Receiving VA Benefits (You must have a Degree Plan to be certified.)
- Receiving Financial Aid Benefits (You must have a Degree Plan to be certified.)

DEGREE OR CERTIFICATE TYPE: (CHECK ONE)

- Associate in Arts – General
- Associate in Science- General
- Associate of Arts in Teaching (Specify Academic Program): _____
- Associate in Applied Science (Specify Technical Program): _____
- Certificate (Specify Technical Program): _____
- Enhanced Skills Certificate (Specify Skills Area): _____
(This Certificate is awarded only to students who have already completed or are concurrently completing the Associate in Applied Science Degree.)
- Skills Achievement Award (Specify Skills Area): _____
- Associate in Arts- (Specify Emphasis/FOS Program): _____
- Associate in Science- (Specify Emphasis/FOS Program): _____

CATALOG YEAR: If you do not indicate a catalog year, the current catalog year will be used. Your program requirements must be completed within five years of the effective date of the catalog year chosen.

I choose catalog year: -

I plan to complete all requirements for graduation: Semester: _____ Year: _____

The DCCCD reserves the right to make changes to Degree Plans at any time to reflect Board Policies, Administrative, State and Federal Regulations.

PREVIOUS COLLEGES ATTENDED: Please be advised, it is YOUR responsibility to provide ALL Official Transcripts to the college from which you request the Degree Plan and be aware that processing will not begin until ALL Transcripts are received at the college.

List all colleges attended OUTSIDE the DCCCD	Transcripts are on file at which DCCCD college?	Transcripts have been evaluated
	<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC	<input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No
	<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC	<input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No
	<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC	<input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No
	<input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC	<input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No

STUDENT SIGNATURE: _____	DATE: _____
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OFFICE USE ONLY		
DATE RECEIVED: _____	STAFF INITIALS _____	DATE RETURNED: _____
DATE MAILED: _____		REASON RETURNED: _____