

Dual Credit Early College High School Auto Degree Reverse Transfer TAG FOS + Core

APPLICATION DEADLINE DATES *Applicants who submit after the deadline may participate in the ceremony but name may not be printed in the commencement program. **Student Initials:** _____
 Fall: October 31 Spring: March 15 Summer: June 30

Expected Graduation Term: Fall YEAR Spring YEAR Summer YEAR

If requirements are not completed in the specified semester, a new application is required.

Complete DEGREE AUDIT FORM with your academic advisor. All information is required. Incomplete applications will not be accepted and will be returned to the academic advisor. *Name which appears on your student record will be the name which appears on your diploma. (PRINT ALL INFORMATION).

Banner ID: _____ *Print Legal Name: _____
 First Middle Last

Associate of Arts Associate of Science Associate of Applied Science Associate of Arts in Teaching

Field of Study/Major/Pre-major _____ Catalog year*: _____
 *Credit hours must be completed at SPC during catalog year selected.

Will you be participating in the Commencement exercise? Yes No **Height: _____ **Weight: _____

MILITARY STATUS Active Duty/Veteran Yes No **Do you have a student loan?** Yes No **Required for Cap and Gown Order

As an applicant for an Associate's Degree from St. Philip's College, I understand (Student Initials Required):

- _____ I am responsible for submitting transcripts from **all** institutions attended.
- _____ All communication will be sent to **student** email address.
- _____ Holds on my record will prevent the receipt of diploma and official transcripts.
- _____ I must notify the Records and Registration Office of change of address prior to diploma mail out.
- _____ Diplomas are mailed out 8 to 10 weeks after the end of conferment period.
- _____ Participation in graduation ceremony **does not** ensure awarding of degree.

Student Signature _____ Date _____

Check One:			ADVISOR CHECKLIST	If no, why?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Official High School Transcript (SOAHSCH & Scanned):	<input type="checkbox"/> Need final HS transcript <input type="checkbox"/> Transfer Student
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Official college transcripts (SOAPCOL & Scanned):	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Substitution hours posted (SPACMNT):	<input type="checkbox"/> Pending Signatures <input type="checkbox"/> Submitted
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	TSI complete:	<input type="checkbox"/> Exempt <input type="checkbox"/> College ready
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Residency hours met (25% of total hours of program):	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	SPC GPA 2.00 or higher (SHATRMC):	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	15 hour difference (List courses which are 15 hours different from previous degree and/or additional degree being sought)	List courses here:

Advisor Name (Please Print) _____ Date _____

SUBMIT GRADUATION DEGREE AUDIT FORM AND SPC CATALOG DEGREE PLAN TO THE RECORDS AND REGISTRATION OFFICE.

For Records Office Use Only				
Courses Pending for Completion:			<input type="checkbox"/> Incomplete	<input type="checkbox"/> Awarded
Course	Registered	Final Grade	Graduation Date:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Holds: <input type="checkbox"/> Transcript <input type="checkbox"/> Bursar <input type="checkbox"/> Other	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Notes:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			Processed by:	Date: