

## **APPLICATION FOR DEGREE/CERTIFICATE**

Name & mailing address:		
Sandburg ID#:	Phone:	
Print your name the way you want it to appear on your degree or certificate:		
Term you plan to finish:Pre-summer 20Summer 20	Fall 20	Spring 20
Location: Galesburg Carthage		
<ul> <li>Transfer degree objective:</li> <li>Associate in arts</li> <li>Associate in arts (business, economics or accounting)</li> <li>Associate in arts (creative writing)</li> <li>Associate in arts (criminal justice)</li> <li>Associate in arts (elementary education)</li> <li>Associate in arts (English-literature &amp; language)</li> <li>Associate in arts (history)</li> </ul>	Associate in Associate in Associate in Associate in transfer de Associate in	n arts (political science) n arts (psychology) n arts (sociology) n science (STEM majors) n general studies (not intended as a gree) n fine arts (art)
Which year of the Sandburg catalog are you following to	-	_
I plan to participate in the May graduation ceremony.	Yes.	No.
If more than five years have passed since your initial enrollr choose a more recent (five years or less) version of the acad		mic program indicated above, you may
Provide any additional information pertaining to this evaluation:		
College transfer credit from which school:		
Course substitutes filed:		
Student signature:		Date:

Return completed form to Records & Registration: Carl Sandburg College, 2400 Tom L. Wilson Blvd. Galesburg, IL 61401. Call 309.341.5233 or 309.341.5234 with any questions.

Graduated: \_\_\_\_\_