

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 for TRANSFER" (AA-T, AS-T

ADT	
ADI	

Required Course or Required Area Department Chair's Department Chair Chai	FRANCE	Date:		Graduation T		MANS	— —	13-1/	AB	, .
State First Middle Date of Birth Student ID Number State Date of Birth Student ID Number		d by student				·				
Last* First* Middle Date Property	Student Name									
City State Zip Phone/Email Phone/Email ADT for Cetting-Control state and colorary/microsopy microsopy control state and state is the state of control state of colorary control state and state is new college received. "Supplement and state is the state of control state of colorary control state and state is new college received. "Supplement and state is new college." "In the supplement and state is new college." "In t	Last* First* Midd				е					
State Zip	Address**						' /) Number		
To be completed by counselor Catalog Year	City									
Catalog Year	records. These names will also	o appear on your diploma exact	ly as they are on your college			Stude	nt Signature			
Check all that apply: □ CSU GE □ GETC/UC □ IGETC/UC □	I. To be complete	d by counselor								
CSU GE GETC/CSU	CERTIFICATE PETITIO	N ADT GE		AD	T Major (Must	check or	ne below)		Catalog	Year
Required Course or Required Area Substituted Course Counselor's Initial Substituted Course Required Area Required Area Substituted Course Required Area Substituted Substitution: To be completed by Department Chairperson or Faculty Advisor (if applicable) Required Course or Required Area Substituted With Substituted Course Substituted Course Substituted With Substituted Course Course or Faculty Advisor (if applicable) Required Area Substituted With Substitut	□ CSU GE IGETC/CSU	□ CSU GE □ IGETC/CSU							(xx - x	(x)
Required Area Required Area	III. ADT GE: if us	ing courses from inco	ming transcript 🕏	"assist" sig	n off by coun	selor o	or 🖈 by Course Equi	valency		
V. ADT MAJOR Waiver/Substitution: To be completed by Department Chairperson or Faculty Advisor (if applicable) Required Course or Required Area Substituted With Signature or Courselor's Initial CID TMC Course for Substituted With Signature or Courselor's Initial CID TMC Course for Substituted With Signature or Courselor's Initial CID TMC Course for Substituted With Signature or Courselor's Initial CID TMC Course for Substituted With Signature or Courselor's Initial CID TMC Course for Substituted With CID	Required Course or	Substituted Course Counselor's Initial		Required Course or		Substituted Course	Counselor's Initial			
V. ADT MAJOR Waiver/Substitution: To be completed by Department Chairperson or Faculty Advisor (if applicable) Required Course or Required Area Substituted With Signature or Signature or Substituted With Signature or	Required Area			assist	Required A	Area				assist
V. Additional Documentation V. In-Progress Course Work (at other colleges):										
V. Additional Documentation V. Additional Documentation Current Counselor's initial City TMC Counselor's initial City TMC Counselor's initial City Counselor's initial City City Counselor's initial City City Counselor's initial City City Counselor's initial City Ci										
V. Additional Documentation V. A									£	······
V. Additional Documentation V. A			<u>realisti</u>							<u>s</u>
Required Course or Required Area Substituted With Signature or Substituted With Signatu			J.						True	
Required Area Substituted With Signature or Counselor's Initial CID TMC Required Area Substituted With Signature or Counselor's Initial CID TMC Counselor's Initial CID CI	v. ADT MAJOR	Waiver/Substitution	: To be completed l	by Departm	ent Chairpers	on or F	aculty Advisor (if app	licable)		
Counselor's Initial CID TMC Counselor's Initial Cidous Tables Counselor's Initial Cademic Renewal Endous Tables Counselor's Initial Cidous Tables Counselor's Initial Cademic Renewal Endous Tables Counselor's Initial Cidous Tables Counselor's Initial Cademic Renewal Endous Tables Counselor's Initial Cademic Renewal Endous Tables Counselor's I	•			•						
V. Additional Documentation (Required Area	Substituted With		CID TMC	Required A	Area	Substituted With		tial CID	TMC
V. Additional Documentation (V) 1. CCSF in-progress courses - see worksheet/audit report Student has In-Progress classes at other college(s) that fulfill Graduation Requirements: 2. Course Equivalency Student has In-Progress classes at other college(s) that fulfill Graduation Requirements: 2. Course Equivalency Student has In-Progress classes at other college(s) that fulfill Graduation Requirements: Course										
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: Process grad petition if Academic Renewal denied 6.b Academic Renewal: Cancel grad petition if Academic Renewal denied 6.b Academic Renewal: Cancel grad petition if Academic Renewal denied Course Area College 1. 2. 3. 2. 3. Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - MUB 188 Attached please find worksheet/audit report verifying that student has met the requirements for the Associate Degree. Counselor Name: Counselor Signature:				-						
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: Process grad petition if Academic Renewal denied 6.b Academic Renewal: Cancel grad petition if Academic Renewal denied 6.b Academic Renewal: Cancel grad petition if Academic Renewal denied Course Area College 1. 2. 3. 2. 3. Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - MUB 188 Attached please find worksheet/audit report verifying that student has met the requirements for the Associate Degree. Counselor Name: Counselor Signature:			a stime					TANK TO A STANK	<u>ট</u>	
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: Process grad petition if Academic Renewal denied 6.b Academic Renewal: Cancel grad petition if Academic Renewal denied Course Course Area College 1. 2. 3. Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - MUB 188 Course Area College Course Area College Course Area College Course Area College Course Cour			Cillo 11 2					CIID .		
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: Process grad petition if Academic Renewal denied 6.b Academic Renewal: Cancel grad petition if Academic Renewal denied Course Course Area College 1. 2. 3. Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - MUB 188 Course Area College Course Area College Course Area College Course Area College Course Cour										
Requirements: Course Equivalency Area College	V. Additional Dod	cumentation		(√)	VI. In-Pr	ogress	Course Work (at othe	r colleges):		
3. Evaluation/Request submitted on			udit report							
4. AP Exam request submitted on	l	•			rtoqui			C	ollege	
3. Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - MUB 188	I — — — — — — — — — — — — — — — — — — —									
Counselor Name: Counselor Signature:	I									
□ Attached please find worksheet/audit report verifying that student has met the requirements for the Associate Degree. Counselor Name: Counselor Signature: Honor: PRELIMINARY REVIEW OF PETITION Your petition is APPROVED pending satisfactory completion of your current program Office Use Only: Your petition is APPROVED Your petition is DENIED (Please see your Counselor)	I 				Upon co			r submitting Offici	al Transcrip	ots
Counselor Name: Office Use Only: Major Code: PRELIMINARY REVIEW OF PETITION Your petition is APPROVED pending satisfactory completion of your current program Counselor Signature: Honor: Your petition is APPROVED Your petition is APPROVED Your petition is DENIED (Please see your Counselor)	☐ Attached please	find worksheet/audit	report verifying tha	nt student ha				Degree.		
Office Use Only: Major Code:	= / madined predict			. r stadent n	1	14		208.00.		
PRELIMINARY REVIEW OF PETITION Your petition is APPROVED pending satisfactory completion of your current program FINAL REVIEW OF PETITION Your petition is APPROVED Your petition is DENIED (Please see your Counselor)	Counselor Name:	:			Counselo	r Signa	ture:			
□ Your petition is APPROVED pending satisfactory completion of your current program □ Your petition is APPROVED □ Your petition is DENIED (Please see your Counselor)	Office Use Only:	Major Code:			Hon	nor:				
□ Your petition is APPROVED pending satisfactory completion of your current program □ Your petition is APPROVED □ Your petition is DENIED (Please see your Counselor)	DRF	LIMINARY REVIEW	OF PETITION				FINAL REVIEW OF	PETITION		
current program □ Your petition is DENIED (Please see your Counselor)										
	current prograr				your Counsel	or)				

Date:_

Date:_