



OFFICE OF ADMISSIONS AND RECORDS

PETITION FOR "ASSOCIATE DEGREE" (AA/AS)

Date: _____ Graduation Term: _____

I. To be completed by student

Student Name			Student I.D. Number
Last	First	Middle	Birth Date
Address			
City	State	Zip	Phone/Email
Name on diploma will appear exactly as it is in the student database. Diploma will be mailed to student's current mailing address in the student database.			Student Signature

II. To be completed by counselor

AA/AS Degree	GE Pattern	AA/AS Major (Must v one below)	Catalog Year
(Option 1 = Option A)			[XX - XX]
<input type="checkbox"/> Associate in Arts	<input type="checkbox"/> CCSF GE	<input type="checkbox"/> Associate in Arts Major: _____ Option (if any) _____	
<input type="checkbox"/> Associate in Science		<input type="checkbox"/> Associate in Science Major _____ Option (if any) _____	

III. **CCSF GE:** If using courses from incoming transcript ⇒ Evaluation by A&R or ⇒ by Course Equivalency.
(Note: GE Requirements cannot be waived.)

IV. MAJOR Waiver/Substitution: To be completed by Department Chairperson or Faculty Advisor (if applicable)

Required Course or Required Area	Waived or Substituted With	Department Chair's Signature or Counselor's Initial			Required Course or Required Area	Waived or Substituted With	Department Chair's Signature or Counselor's Initial		
		CID	assist				CID	assist	
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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.	Waiver
6.	Academic Renewal
7.	Others

VI. In-Progress Course Work (at other colleges):			
<input type="checkbox"/> Student has In-Progress classes at other college(s) that fulfill Graduation Requirements:			
Course	Area	College	
1.			
2.			
3.			
Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - Conlan Hall, E107			

Attached please find worksheet/audit report verifying that student has met the requirements for the Associate Degree.

Counselor Name: _____ Counselor Signature: _____

Office Use Only: Major Code: _____ Honor: _____

PRELIMINARY REVIEW OF PETITION	FINAL REVIEW OF PETITION
<input type="checkbox"/> Your petition is APPROVED pending satisfactory completion of your current program <input type="checkbox"/> Your petition is DENIED (Please see your Counselor)	<input type="checkbox"/> Your petition is APPROVED <input type="checkbox"/> Your petition is DENIED (Please see your Counselor)
By: _____ Date: _____	By: _____ Date: _____