



OFFICE OF ADMISSIONS AND RECORDS

PETITION FOR "ASSOCIATE DEGREE for TRANSFER" (AA-T, AS-T)

Date: _____ Graduation Term: _____

ADT

I. To be completed by student

Student Name			Student I.D. Number	
Last	First	Middle		
Address			Birth Date	
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

ADT	ADT GE	ADT Major (Must check one below)	Catalog Year
(Option 2) Associate Degree For Transfer (eff: Catalog F'2011)	<input type="checkbox"/> CSU GE <input type="checkbox"/> IGETC/CSU <input type="checkbox"/> IGETC/UC	<input type="checkbox"/> AA-T, Major _____ <input type="checkbox"/> AS-T, Major _____	(xx - xx)

III. ADT GE: if using courses from incoming transcript ⇒ "assist" sign off by counselor or ⇒ by Course Equivalency

Required Course or Required Area	Substituted Course	Counselor's Initial <input type="checkbox"/> assist	Required Course or Required Area	Substituted Course	Counselor's Initial <input type="checkbox"/> 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"/>

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

V. Additional Documentation

(√)

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 - MUB 188		

☐ 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

- ☐ Your petition is APPROVED pending satisfactory completion of your current program
- ☐ Your petition is DENIED (Please see your Counselor)

By: _____ Date: _____

FINAL REVIEW OF PETITION

- ☐ Your petition is APPROVED
- ☐ Your petition is DENIED (Please see your Counselor)

By: _____ Date: _____