



UNIVERSITY OF WISCONSIN
Fox Valley

A Campus of the University of Wisconsin Colleges

ASSOCIATE OF ARTS AND SCIENCE DEGREE APPLICATION
PLEASE PRINT

Name _____ Student ID # _____
 (As you would like it to appear on diploma) (or Date of Birth)

Mailing Address _____ City _____ Zip _____

Phone# (____) _____ (Cell) (____) _____ (Home)

I wish to earn Associate Degree ___AASD with Emphasis, please list: _____

High School _____ Intended Transfer Institution _____

Semester you wish to earn the degree ____Fall ____Spring ____Summer 20__

Please note: Once you earn your degree, you are no longer eligible for Financial Aid at the UW Colleges.

FOR OFFICE USE ONLY

SEMESTER GPA _____ DEGREE GPA _____ <u>INITIAL REVIEW</u> ____Degree Requirements Satisfied ____Date of Initial Email <u>FINAL REVIEW</u> ____Degree Requirements Satisfied ____Date of Final Review/Posted <u>CERTIFICATION</u> _____ Certifying Official	TOTAL UWC CR. COMP. _____ TOTAL TRANSFER CR. COMP. _____ TOTAL CR. IN PROGRESS _____ TOTAL DEGREE CREDITS _____ ____Degree Requirements Not Satisfied Reason: _____ ____Degree Requirements Not Satisfied Reason: _____ _____ Diploma Sent Date
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