

Degree / Certificate Survey

TO BE COMPLETED BY STUDENT

Print your name exactly as you wish it listed on your diploma:

(If form is not turned in by due date - your name as it appears in our records will be placed on your diploma.)

Permanent mailing address: _____

Student I.D.# _____ - _____ - _____

Check the box for the degree/certificate you will be completing:

Transfer Programs

- A.A. Early Childhood
- A.A. Liberal Arts & Science/
Humanities & Social Science
 - Early Childhood Concentration
 - Criminal Justice Concentration
 - Writing Concentration
- A.S. Bus-Business Administration
- A.S. Computer Science
- A.S. Engineering Science
- A.S. Geographic Information Systems
- A.S. Liberal Arts & Science/
Mathematics & Science
 - Chemistry Concentration
 - Biology Concentration
 - Geology Concentration
- A.S. Liberal Arts & Science/
Mathematics
- A.S. Studio Art

Career Programs

- A.A.S. Bus-Accounting
- A.A.S. Bus-Business Administration
- A.A.S. Bus-Retail Business Management
- A.A.S. Computer Information Systems
 - Internet Option
- A.A.S. Computer Technology
- A.A.S. Computer Hardware/Software Design
- A.A.S. Criminal Justice - Corrections
- A.A.S. Criminal Justice - Police
- A.A.S. Nursing
- A.A.S. Electrical Technology- Electronics
- A.A.S. Mechanical Technology: Design & Drafting
- A.A.S. Telecommunications: Audio-Radio Production
 - Music Recording Option
- A.A.S. Telecommunications: Radio & Television Broadcasting
 - Media Communications Option
 - Broadcast Journalism Concentration
 - Digital Media Concentration
 - Video Production Concentration
 - Electronic Publishing
- A.A.S. Telecommunications: Radio & Television Technology

Certificates

- Accounting
- Computer Hardware/Software Design
- Computer Information Systems
- Computer Technology
- Correction Administration
- Criminal Justice
- Drafting
- Early Childhood Education
- Electronics
- General Business

Indicate the semester you plan to complete all degree or certificate requirements:

Spring 20____ Summer I 20____ Summer II 20____ Fall 20____ Inter 20____

Please state catalog year you used to determine requirements for your program of study: _____

By signing this survey, I am acknowledging my intent to complete my current program.

Student Signature

Date

Auburn Fulton
(Location you primarily took courses)

➔ Consult with your academic advisor or a counselor before signing the form.

Your requirements will be audited by the Registrar.