

5/18

EVAL	

## **Application for Degree/Certificate**

Name & Mailing Address:	CSC ID Number	
	Telephone Number	
Print your name as you wish i	it to appear on your degree or certificate:	
Indicate term you plan to finish:	D. Attendance Center	
Pre-Summer Summer	Year Galesburg Year Carthage	
	Year	
Spring	Year	
Transfer Degree Objective: Please check	the box which pertains to you.	
Associate in Arts		
Associate in Arts (Business or E	conomics or Accounting Concentration) Associate in Arts (Creative Writing Concentration)	
Associate in Arts (Criminal Justice Concentration) Associate in Arts (Elementary Education Concentration)		
Associate in Arts (English-Litera	ture & Language Concentration) Associate in Arts (History Concentration)	
Associate in Arts (Political Scie	nce Concentration) Associate in Arts (Psychology Concentration)	
Associate in Arts (Sociology Con	ncentration) Associate in Science (STEM majors)	
Associate in General Studies (n	ot intended as transfer degree) Associate in Fine Arts in Art	
Career/Technical AAS/Certificate O	bjective: Please check the box which pertains to you.	
Associate in Applied Science in _		
Certificate in		
Indicate the year of the CSC catalog which	ch you are following to graduate (example 16-17, 17-18):	
I Plan to participate in the May grad	luation ceremonyYESNO	
<u> </u>	passed since your initial enrollment in academic program as indicated above,	
nay choose a more recent (five	years or less) version of the academic program.	
If you have any additional information w	which may pertain to this evaluation: please note accordingly.	
College transfer credit from which school	ol:	
Course Substitutes filed:		
•	& Registration Office, Carl Sandburg College , IL 61401. Questions call 309-341-5233 or 341-5234	
signStudent Signature:	Date:	