

7/7/2011

DEGREE/ PROFESSIONAL CERTIFICATE DECLARATION

Name _____ Date _____

Address _____
Street City State Zip

Please check the academic degree that you plan to pursue:

ASSOCIATE OF ARTS

Please check your area of concentration:

- Business Management
- Education
- History
- Liberal Arts
- Native American Studies Emphasis
- Psychology
- Sociology

ASSOCIATE OF SCIENCE

Please check your area of concentration:

- Business Management
- Information Systems
- Justice Studies
- Social Work

ASSOCIATE of APPLIED SCIENCE

Please check your area of concentration:

- Accounting
- Business Management
- Chemical Dependency Counseling
- Early Childhood Education
- Financial Planning
- Medical Office Administration
- Sustainability

PROFESSIONAL CERTIFICATE

Please check your area of concentration:

- Chemical Dependency
- Medical Coding & Reimbursement
- Sustainability

Approval of Signatures:

Advisor _____

Date _____

Registrar _____

Date _____

Program course requirements must be completed within four years. If not, the student agrees to convert to the course requirements in force at that time for the same program. If the program has become inactive the student will be required to choose a new program.

Student Signature

Date

Note: Students, who decide to change their declaration, must complete a *Request to Change/Add/Drop form*.