



Application for Degree/Certificate

A. Name & Mailing Address: \_\_\_\_\_ CSC ID Number \_\_\_\_\_  
\_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Print your name as you wish it to appear on your degree or certificate: \_\_\_\_\_

C. Indicate term you plan to finish: \_\_\_\_\_ D. Attendance Center  
\_\_\_\_\_ Pre-Summer \_\_\_\_\_ Year \_\_\_\_\_ Galesburg  
\_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_ Carthage  
\_\_\_\_\_ Fall \_\_\_\_\_ Year  
\_\_\_\_\_ Spring \_\_\_\_\_ Year

E. Transfer Degree Objective: Please check the box which pertains to you.  
\_\_\_\_\_ Associate in Arts  
\_\_\_\_\_ Associate in Science  
\_\_\_\_\_ Associate in General Studies (It is not designed to serve as a degree for transfer.)  
(Circle one)  
\_\_\_\_\_ Associate in Fine Arts in (Music Education, Art, Music Performance)

F. Career/Technical AAS/Certificate Objective: Please check the box which pertains to you.  
\_\_\_\_\_ Associate in Applied Science in \_\_\_\_\_  
\_\_\_\_\_ Certificate in \_\_\_\_\_

G. Indicate the year of the CSC catalog which you are following to graduate (example 13-14, 14-15): \_\_\_\_\_

H. I Plan to participate in the May graduation ceremony \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*Note If more than five years have passed since your initial enrollment in academic program as indicated above, you may choose a more recent (five years or less) version of the academic program.**

I. If you have any additional information which may pertain to this evaluation: please note accordingly.  
College transfer credit from which school: \_\_\_\_\_  
Course Substitutes filed: \_\_\_\_\_

**If you are a Southeastern student, please ask for a separate form at your resident college.**  
**Return completed form to Records & Registration Office, Carl Sandburg College**  
**2400 Tom L. Wilson Blvd. Galesburg, IL 61401. Questions call 309-341-5233 or 341-5234**

Please sign--Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_