



**OFFICE OF ADMISSIONS AND RECORDS**  
 50 Frida Kahlo Way | MUB 188 | San Francisco, CA 94112 | (415) 239-3285 | graduate@ccsf.edu  
**PETITION FOR "ASSOCIATE DEGREE for TRANSFER" (AA-T, AS-T)**

**ADT**

Date: \_\_\_\_\_ Graduation Term: \_\_\_\_\_

**I. To be completed by student**

<b>Student Name</b>			Would you like your Chosen/Preferred First Name* to appear on your diploma? Yes, my Chosen/Preferred First Name on file is _____. No, I will use my legal First Name on file.		
<b>Last*</b>	<b>First*</b>	<b>Middle</b>			
<b>Address**</b>			<b>Date of Birth</b>	<b>Student ID Number</b>	
			(MM) / (DD) / (YY)		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone/Email</b>		
<small><b>IMPORTANT:</b> *Your FIRST, LAST and CHOSEN/PREFERRED FIRST NAME must be the SAME as the names on your college records. These names will also appear on your diploma exactly as they are on your college records. **Diplomas will be mailed to the student's current mailing address in your college records.</small>			<b>Student Signature</b>		

**II. To be completed by counselor**

<b>CERTIFICATE PETITION</b>	<b>ADT GE</b>	<b>ADT Major (Must check one below)</b>	<b>Catalog Year</b>
Check all that apply: <input type="checkbox"/> CSU GE IGETC/CSU <input type="checkbox"/> IGETC/UC	<input type="checkbox"/> CSU GE <input type="checkbox"/> IGETC/CSU <input type="checkbox"/> IGETC/UC	<input type="checkbox"/> AA-T, Major _____ <input type="checkbox"/> AS-T, Major _____	(xx - xx)

**III. ADT GE:** if using courses from incoming transcript ⇨ "assist" sign off by counselor or ⇨ by Course Equivalency

Required Course or Required Area	Substituted Course	Counselor's Initial	<input type="checkbox"/> assist	Required Course or Required Area	Substituted Course	Counselor's Initial	<input type="checkbox"/> assist	
			<input type="checkbox"/>				<input type="checkbox"/>	
			<input type="checkbox"/>				<input type="checkbox"/>	
			<input type="checkbox"/>				<input type="checkbox"/>	
		Assist					Assist	

**IV. ADT MAJOR Waiver/Substitution: To be completed by Department Chairperson or Faculty Advisor (if applicable)**

Required Course or Required Area	Waived or Substituted With	Department Chair's			Required Course or Required Area	Waived or Substituted With	Department Chair's			
		Signature or Counselor's Initial	CID	TMC			Signature or Counselor's Initial	CID	TMC	
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
		CID / TMC						CID / TMC		
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

**V. Additional Documentation ( √ )**

1.	CCSF in-progress courses – see worksheet/audit report	
2.	Course Equivalency	
3.	Evaluation/Request submitted on _____	
4.	AP Exam request submitted on _____	
5.	Notes	
6.a	Academic Renewal: <u>Process</u> grad petition if Academic Renewal denied	
6.b	Academic Renewal: <u>Cancel</u> grad petition if Academic Renewal denied	

**VI. In-Progress Course Work (at other colleges):**

Student has In-Progress classes at other college(s) that fulfill Graduation Requirements:

Course	Area	College
1.		
2.		
3.		

Upon completion, student is responsible for submitting Official Transcripts to: Admissions & Records - MUB 188

Attached please find worksheet/audit report verifying that student has met the requirements for the Associate Degree.

**Counselor Name:** \_\_\_\_\_ **Counselor Signature:** \_\_\_\_\_

**Office Use Only:** Major Code: \_\_\_\_\_ Honor: \_\_\_\_\_

PRELIMINARY REVIEW OF PETITION	FINAL REVIEW OF PETITION
<input type="checkbox"/> Your petition is APPROVED pending satisfactory completion of your current program <input type="checkbox"/> Your petition is DENIED (Please see your Counselor) By: _____ Date: _____	<input type="checkbox"/> Your petition is APPROVED <input type="checkbox"/> Your petition is DENIED (Please see your Counselor) By: _____ Date: _____