

**OFFICE OF ADMISSIONS AND RECORDS**

50 Frida Kahlo Way | MUB 188 | San Francisco, CA 94112 | graduate@ccsf.edu

**PETITION FOR ASSOCIATE DEGREE (AA, AA-T, AS, AS-T)**

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

**I. To be completed by the student**

<b>Last*</b>	<b>First*</b>	<b>Middle</b>	Would you like your <b>Chosen/Preferred First Name*</b> to appear on your diploma? ___ Yes, my <b>Chosen/Preferred First Name</b> on file is _____. ___ No, I will use my legal First Name on file.
<b>Date of Birth</b>	<b>Student ID Number</b>	<b>Phone/Email</b>	
<b>IMPORTANT:</b> *Your <b>FIRST, LAST</b> and <b>CHOSEN/PREFERRED FIRST NAME</b> must be the <b>SAME</b> 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.			<b>Student Signature</b>

**II. To be completed by the counselor**

Certificate Petition	GE Option	Major Selection (Must check one below)	Catalog Year
Check all that apply: ___ CSU GE ___ IGETC CSU ___ IGETC UC	___ CCSF GE ___ CSU GE ___ IGETC CSU ___ IGETC UC ___ BA/BS Earned Except ADT	AA or AA-T Major: _____  AS or AS-T Major: _____	(xx - xx)

**III. CCSF GE:** If using courses from incoming transcript ➡ **Evaluation by A&R** or ➡ **by Course Equivalency**. (Note: GE Requirements cannot be waived.)

**IV. CSU GE or IGETC 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	assist	Required Course or Required Area	Substituted Course	Counselor's Initial	assist
		<b>Assist</b>					<input type="checkbox"/>
						<b>Assist</b>	
							<input type="checkbox"/>

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

<b>VI. Additional Documentation</b>		( √ )
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: Process grad petition if Academic Renewal denied	
6.b	Academic Renewal: Cancel grad petition if Academic Renewal denied	

<b>VII. In-Progress Course Work (at other colleges):</b>		
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: <b>Admissions &amp; Records - MUB 188</b>		

I attached a worksheet/audit report verifying that the student has met the requirements for the associate degree.

Counselor Name: \_\_\_\_\_

Signature: \_\_\_\_\_