



MONROE COUNTY
COMMUNITY COLLEGE

GLOBAL STUDIES DEGREE DESIGNATION APPLICATION

Name: _____ Student Number: _____

Email Address: _____ Phone: _____

Home Address: _____

City: _____ State: _____

Program of Study: _____ Academic Division: _____

Semester of Graduation: _____ Degree (if Applicable): AA AS AAS AFA

Program Advisor: _____

Global Studies Advisor: _____

To the student: Complete this top half only. If you do not have a program advisor, leave blank.



To be complete by the advisor and signed by the student upon completion of the designation requirements:

The requirements for the Global Studies Degree Designation have been met. See the Global Studies Degree Designation Completion Form.

Global Studies Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____