



MONROE COUNTY
COMMUNITY COLLEGE

Office of the Registrar

1555 S. Raisinville Road, Monroe, MI 48161 Phone: (734) 384-4108 Fax: (734) 384-4170

Final Application for Degree

Name _____

STUDENT ID/SSN _____

Print Clearly-This is the name on your Diploma)

Address _____

Daytime Phone _____

City _____ State _____ Zip _____

Personal E-mail _____

To apply you must have COMPLETED 40 credit hours toward your degree or be starting your final semester.

Degree Applying for:

Please only submit ONE Application unless you change your program or degree

**SEMESTER and YEAR in which you expect to complete degree requirements:

- Associate of Arts Degree
- Associate of Science Degree
- Associate of Applied Science Degree
- Associate of Fine Arts Degree

Today's Date: _____

Year of Catalog Used: _____

- Fall 2016
- Winter 2017
- Spring 2017
- Summer 2017

Will you use transfer credit toward this degree? ____ Yes ____ No

Program Designation (if applicable) _____

**If semester is not listed apply at a later date

DO NOT WRITE BELOW THIS LINE

SACP, SGRD & Sent:

Program Code: _____

Remaining Requirements:

General Education Requirements

- _____ Total MCCC Credits (Minimum 15)
- _____ Current Enrollment
- _____ Transfer Credits (Maximum of 40 credits)
- _____ Total Projected Credits (60 credits required)
- _____ Cum GPA- 2.000 required
- _____ C1-Natural Science
- _____ C2-Mathematics
- _____ C3-GE Writing
- _____ C4-GE Computer Literacy
- _____ C5-GE Human Experience
- _____ C6-GE Social Systems

Currently enrolled classes:

Note: This audit assumes satisfactory completion of all courses in progress and required in the future.

Audited By: _____ Date: _____

Final Audit Use Only

Degree Awarded _____

Total Earned Credits _____

Final Grade Point Average _____

Honors _____

MACRAO Agreement _____

Approved for Degree _____

Degree Date _____

Degree Recorded _____

Diploma Mailed _____