

GRADUATION DEPARTMENT CHAIR REVIEW: ASSOCIATE OF APPLIED SCIENCE (AAS) AND CERTIFICATES ONLY

This form is required if you are applying for graduation with an Associate of Applied Science (AAS) and/or Certificate. Meet with your Program Advisor to begin this process.

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: _____ Date: _____

Department Chair Name: _____

Please print the exact name of the degree or certificate listed in the Catalog:

Associate of Applied Science (AAS) in: _____

Certificate in: _____

The Below Information is completed by the Department Chair:

Catalog Year Used for Evaluation 20 _____

Student has already completed all requirements.

Approved contingent upon successful completion (grade "C" or better) of the following courses:



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COMMENTS: _____

Department Chair Name (Print): _____
Signature: _____ Date: _____

Dean Name (Print): _____
Signature: _____ Date: _____