## **Application for High School Diploma and Associate Degree**

Clearly print (or type) your name as it is to appe	ar on the diploma and address where the award is to be mailed
Name:	
Former Name (if applicable):	
ctcLink ID:	
Mailing Address: Street	
City Postal Code	State Country
$\square$ Check if this address is different from the address	dress on file
Email Address:	
Graduation Date (Quarter and Year):	
Option for student to earn high school diplomas:	
(AS-T), Associate in Applied Science-Transfer (A	oletes an Associate in Arts (AA), Associate in Science-Transfer AS-T), or Associate of Technical Arts (ATA) shall be awarded a ge upon application from the student. Note: students who comnot eligible to apply.
Please select the degree you earned:	
□ AA □ AS □ ATA □ A	AAS-T
Student Signature:	Date:
Enrollment Services Use Only	
Application Received by:	Date:
Graduation Dept. Office Use Only	
YRQ	CE  FORMER
Dugge DID	CF BF PG NCF
Ready	
TG	Mailed

