



SEATTLE CENTRAL COMMUNITY COLLEGE

GRADUATION APPLICATION

ASSOCIATE IN ELEMENTARY EDUCATION

INSTRUCTIONS TO APPLICANT:

1. Complete the student section of the application form.
2. Return the application form to the Division of Registration and Records, BE1104.
3. The Records Evaluator will notify you of your status.

Student I.D. Number	Name (Must match student records)	
Street Address	City & State	Zip Code
Daytime Telephone Number:	Check Here: Male: _____ Female: _____	
Circle Quarter Expected to Complete F W Sp Su 20_____	Please circle one if you have credits from another campus that apply toward this degree: NORTH SOUTH IF OTHER, LIST: 1. _____ 2. _____ 3. _____	
Indicate class schedule final quarter of enrollment below:		
Quarter & Year: F W Sp Su 20____	Quarter & Year: F W Sp Su 20____	
COURSE NO. COURSE TITLE CREDITS	COURSE NO. COURSE TITLE CREDITS	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

TO BE COMPLETED BY RECORD EVALUATOR

	G.P.A. Credits	Credits Earned	<u>REQUIREMENTS</u>		
Credits Transferred	_____	_____	A. Communications	10	_____
Credits Earned at SCCC	_____	_____	B. QSR	10	_____
Total Credits Earned to date	_____	_____	C. Prof. Intro Course	5	_____
Credits from Schedule above	_____	_____	D. Visual, Lit & Perf Arts	15	_____
Total Credits	_____	_____	E. Indiv, Cult & Soc	20	_____
Graduation GPA to date	_____	_____	F. Natural World	15	_____
(Will include transferred credits and all credits attempted at SCCC)			G. Electives	15	_____