

APPLICATION FOR HIGH SCHOOL DIPLOMA

<p>INSTRUCTIONS TO APPLICANT:</p> <ol style="list-style-type: none"> 1. Complete the student section of the application form. 2. Return the application form to the Division of Registration and Records, BE1104 3. The Record Evaluator will notify you of your status.
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Social Security No. 	Student's Name (must match student records)	Daytime Phone Number ()
Street Address	City and State	Zip Code
Quarter Expected to Complete F W Sp Su <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19__	Please check here if you have credits from another campus that apply toward this diploma: <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> OTHER	

Indicate class schedule for two final quarters of enrollment below:	
Quarter & Year F W Sp Su 19__ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Quarter & Year F W Sp Su 19__ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>COURSE NO.</u> <u>COURSE TITLE</u>	<u>COURSE NO.</u> <u>COURSE TITLE</u>
_____	_____
_____	_____
_____	_____
_____	_____

TO BE COMPLETED BY RECORD EVALUATOR

Credits Transferred _____
 Credits Earned at SCCC _____
 Total Credits Earned to date _____
 Credits from Schedule Above _____
 Work Credits Granted _____
 Total Credits _____
 SCCC GPA (when applicable) _____

REQUIREMENTS
 a. English _____
 b. Social Sciences _____
 c. Mathematics _____
 d. Natural Sciences _____
 e. Occup. Educ. _____
 f. Physical Educ. _____
 g. Health _____
 h. Fine Arts _____
 i. Electives _____

