



# Snead State Community College

## APPLICATION FOR DEGREE / CERTIFICATE

**Please Print Legibly**

Semester You Plan to Complete Degree/Cert. Requirements: \_\_\_\_\_

Full Name to Be Printed on Diploma: \_\_\_\_\_

**\*Official name changes must take place in the Admissions/Records Office.**

Student # \_\_\_\_\_ Email address \_\_\_\_\_

**\*Correspondence will be sent to Snead State student webmail account so be sure to check it often.**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Diplomas are mailed to the address listed on this form approximately 5 weeks following the end of the semester in which the student meets degree/certificate requirements.**

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Type of Award: Associate in Science Degree (AS)  Associate in Applied Science Degree (AAS)   
 Vocational/Technical Certificate

Are you currently enrolled at Snead State?  Yes  No What is your major? \_\_\_\_\_

Comments from student:

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**This form should be submitted to the Office of Student Records (admissions@snead.edu) at least one semester prior to the student's anticipated completion date.**

**FOR OFFICE USE ONLY**

Student's major in Banner matches major above (staff initial and date verified/changed) \_\_\_\_\_

Awarded previous degree/certificate from SSCC?  No  Yes \_\_\_\_\_

Award(s) and Date(s)

**Final Award Approval:**

\_\_\_\_\_  
**Vice President for Student Services**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Instructional Officer / Academic Dean**

\_\_\_\_\_  
**Date**