



PETITION FOR GRADUATION - AA/AS or AA/AS-T

The Associate Degree will be granted to a student who files a Petition for Graduation - AA/AS or AA/AS-T to the Office of Admissions and Records if the following requirements have been fulfilled:

1. 60 degree applicable semester units (which include courses in a Major, General Education, and Electives).
2. At least **12 units** must be taken at the College where the student is petitioning
3. A minimum cumulative grade-point average of 2.0
 - “C” grade or higher is **required** for English and Math Areas within the General Education requirements. (Advanced Placement "AP" and Credit by Exam can be used. Please follow-up with a Counselor for more clarification.)
 - “C” grade or higher/"P" Pass grade is **required** for all coursework needed to fulfill the Major requirements.

All **official transcripts** from other colleges and universities **must be** on file at the District Admissions and Records office. If the transcripts are not currently on file, they **MUST** be attached to Graduation Petition in a **sealed envelope** from the other colleges or universities. *Note: Official transcripts are needed for overall GPA calculations. All coursework is used in the GPA calculations.*

- If a transcript is from Out-of-State, Private College/University within California, and/or International Transcript Evaluation and **no** Initial Transcript Evaluation was completed, course descriptions **must be** included to the Petition for Graduation Evaluation.

Required steps to submit your Graduation Petition:

1. Complete this petition
2. Schedule an appointment with your Counselor to review your request and a Counselor's signature/date is required for this form to be considered complete.
3. Return the completed form to the Admissions and Records Office on the College Campus prior to the filing deadline
 - Please check the semester Academic Calendar for petitioning deadline (located in the class schedule or online) dates
 - **No late** petitions will be accepted after the petitioning deadline dates.

Student’s Signature(required): _____ **Date:** _____



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STUDENT INFORMATION

Name: _____ **Student ID:** _____
Last First M.I.

Address: _____
No. & Street City State Zip Code

Email: _____ **Phone:** _____

DIPLOMA NAME

Print name as you wish it to appear on your diploma. An approved Preferred First Name may be used on a diploma and in the Commencement program if requested by you on a graduation application, otherwise your primary (legal) name shall be used.

DIPLOMA NAME: _____
First Middle Last

Will you be participating in the Graduation ceremony? **YES** **NO** Did you submit a request for Initial Transcript Evaluation? **YES** **NO**

Full name of degree you are completing: _____

**** Disclaimer: Admissions and Records has the final and official authorization to grant associate degrees.****

Please note, once your diploma is printed, duplicates are subject to a fee

Student's Signature (required): _____ **Date:** _____

*COUNSELOR REVIEW ONLY *

Please indicate below for which Associate degree the student is petitioning for. For **Plan A**, you must indicate a major for the Associate in Art degree or Associate in Science degree. For **Plan B** and/or **C**, state your major and check the option of either CSU Breadth or IGETC.

Major

Plan A: AA AS _____ **Catalog Year:** _____

Plan B: AA-T Major: _____ **CSU** **IGETC**

Plan C: AS-T Major: _____ **CSU** **IGETC**

List All In-Progress Coursework/Campus: _____ **Campus** _____

_____ **Campus** _____

Course Substitution Form: **YES** **NO** In-Progress(please attach copy)/ if applicable: _____ Approved(already on file)/if applicable

Advance Placement (AP) or Credit by Exam used to complete requirements? **YES** **NO** In-Progress _____ Approved _____
(Awarded on student record)

Attachments Required: GE and Major Worksheets are needed to verify that student has met requirements for Associate Degree.

****Admissions and Records Office will not accept petition if GE and Major worksheets are not attached****

Counselor Name (required): _____
Counselor Name (Print)

Counselor Signature (required): _____ **Date:** _____