



OFFICE USE ONLY

____ CODED

____ BDMS

REQUEST FOR DEGREE OR CERTIFICATE

Student ID Number: [W][][][][][][][][][]

Name _____
Last First Middle

Street _____ Apt/Unit # _____

City _____ State _____ Zip Code _____

Phone: () -

Anticipated Semester/Year of Completion:

Semester: [] SPRING [] SUMMER [] FALL Year: 20_____

Degree Information

Check one box to identify the award. ONLY ONE DEGREE/CERTIFICATE PER APPLICATION

- [] AA Associate in Arts Degree
[] AS Associate in Science Degree
[] AA-T Associate in Arts for Transfer Degree
[] AS-T Associate in Science for Transfer Degree
[] CA Certificate of Achievement

The major title is: _____

Your diploma name will be printed as it appears on your permanent student record. If you want a different name printed on your diploma, you must provide legal documentation of your name change to the Admissions & Records Office prior to this application.

FIRST MIDDLE LAST

Please allow 8 to 12 weeks for a response. If you do not complete your requirements in the current academic semester, you must re-apply.

By signing below, I certify that my application is complete and accurate. I am responsible for knowing the information provided.
STUDENT SIGNATURE _____ DATE _____

Submit this form to:
Mail to: Las Positas College, Office of Admissions & Records, 3000 Campus Hill Drive, Livermore, CA 94551
Fax to : 925.606.6437