

FOX VALLEY

A Campus of the University of Wisconsin Colleges

**ASSOCIATE OF ARTS AND SCIENCE DEGREE APPLICATION**

**PLEASE PRINT**

Name \_\_\_\_\_ Soc. Sec # \_\_\_\_\_  
(As you would like it to appear on diploma)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ (Work)

Semester you wish to earn the degree \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer 20\_\_\_\_

**FOR OFFICE USE ONLY**

**SEMESTER GPA** \_\_\_\_\_  
**DEGREE GPA** \_\_\_\_\_

**TOTAL UWC CR. COMP.** \_\_\_\_\_  
**TOTAL TRANSFER CR. COMP.** \_\_\_\_\_  
**TOTAL CR. IN PROGRESS** \_\_\_\_\_  
**TOTAL DEGREE CREDITS** \_\_\_\_\_

**INITIAL REVIEW**

\_\_\_\_ Degree Requirements Satisfied  
\_\_\_\_ Date of Initial Review

\_\_\_\_ Degree Requirements Not Satisfied  
Reason: \_\_\_\_\_  
\_\_\_\_\_

**FINAL REVIEW**

\_\_\_\_ Degree Requirements Satisfied  
\_\_\_\_ Date of Final Review

\_\_\_\_ Degree Requirements Not Satisfied  
Reason: \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

\_\_\_\_\_  
Director of Student Services

\_\_\_\_\_  
Date