



UNIVERSITY OF WISCONSIN
Fox Valley

A Campus of the University of Wisconsin Colleges

ASSOCIATE OF ARTS AND SCIENCE DEGREE APPLICATION
PLEASE PRINT

Name _____ Student ID # _____
(As you would like it to appear on diploma) (or Date of Birth)

Mailing Address _____ City _____ Zip _____

Phone# (____) _____ (Cell) (____) _____ (Home)

I wish to earn Associate Degree ___AASD with Emphasis, please list: _____

High School _____ Intended Transfer Institution _____

Semester you wish to earn the degree ____Fall ____Spring ____Summer 20__

Please note: Once you earn your degree, you are no longer eligible for Financial Aid at the UW Colleges.

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

____Degree Requirements Not Satisfied
Reason: _____

____Date of Initial Email

FINAL REVIEW

____Degree Requirements Satisfied

____Degree Requirements Not Satisfied
Reason: _____

____Date of Final Review/Posted

CERTIFICATION

Certifying Official

Diploma Sent Date