



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 _____ Email _____

Anticipated Semester/Year of Completion:

Semester: SPRING SUMMER FALL Year: 20____

Degree Information

I am submitting this request for the following degree or certificate:

- AA Associate in Arts Degree
 AS Associate in Science Degree
 AA-T Associate in Arts for Transfer Degree;
 UC IGETC pattern (OR) CSU GE Breadth pattern
 AS-T Associate in Science for Transfer Degree;
 UC IGETC pattern (OR) CSU GE Breadth pattern
 CA Certificate of Achievement

The major/certificate title is: _____
(Please contact the Counseling Department with any questions pertaining to your degree/certificate or major.)

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