WALLACE COMMUNITY COLLEGE SELMA
APPLICATION FOR DEGREE

Complete and return to: Office of Student Services, WCCS, P. O. Box 2530, Selma, AL 36702

Print your name as you wish it to appear on the degree (Cannot be more than three names)

Mailing Address

City ___________________________ State ___________ Zip Code ____________

(____) _________________________ (____) ______________________
Home Telephone Number ___________________________ Cell Phone Number

Title of Program

Student ID Number: ____________________________ Last four of Social Security No: __________________

Projected Date of Graduation: ____________________________

Please check the applicable box below:

( ) Certificate in College Division

( ) Degree in College Division

If you are applying for a degree in a College Division Program, check the applicable box below:

( ) Associate in Applied Science Degree

( ) Associate in Science Degree

( ) Associate in Arts Degree

Graduation requirements: Satisfactorily complete a minimum of 60 semester hours in an approved program of study, including prescribed general education courses. Complete at least 25 percent of semester credit hours at Wallace Community College Selma. Earn a 2.0 cumulative grade point average in all courses attempted at the College.

FOR OFFICE USE ONLY

FALL SEM COURSES: ____________________________ SPRING SEM COURSES: ____________________________ SUMMER SEM COURSES: ____________________________

______________________________________________  ________________________________________________  ____________________________________________

______________________________________________  ________________________________________________  ____________________________________________

______________________________________________  ________________________________________________  ____________________________________________

______________________________________________  ________________________________________________  ____________________________________________

______________________________________________  ________________________________________________  ____________________________________________

You will be contacted at a later date about your plans to participate in Graduation. 10/15/2018

IMPORTANT: Fill out the back of this form.
Student Program Exit Status

Date: ________________________

It is imperative every employer information blank be completed

Employer name ______________________________ Employer phone (including area code) ______________________

Employer address ________________________________ City __________________ State _______ Zip _______

Occupation_____________________________________ Supervisor Name _________________________________

Circle One:     Full time          Part time

Check the ONE statement below that best describes the individual’s current employment and education status.

_____ employed in an occupation related to field of training and pursuing education related to field of training.
_____ employed in an occupation related to field of training and pursuing education not related to field of training.
_____ employed in an occupation related to field of training and not pursuing additional education.
_____ employed in an occupation not related to field of training and pursuing education related to field of training.
_____ employed in an occupation not related to field of training and pursuing education not related to field of training.
_____ employed in an occupation not related to field of training and not pursuing additional education.
_____ entered military __________________________ (branch of military)
_____ not employed and pursuing education related to field of training.
   (name of college or technical school: _________________________________________)
_____ not employed and pursuing education not related to field of training.
   (name of college or technical school: _________________________________________)
_____ not employed but actively seeking employment.
_____ not employed and not actively seeking employment.
_____ Foreign Aid or Church Mission.

___________________________________________  _______________________________________
Student’s Signature                              Date