

Date Received: Staff:

Application for Associate of Applied Science

The semester you indicate on this application will be the semester you are awarded unless your application is turned in after the college's established deadline. If you submit after the semester's deadline your application will automatically be processed during the next semester.

Student Information

(TO BE COMPLETED BY STUDENT)

Name: _____
 (AS YOU WISH FOR IT TO APPEAR ON YOUR CREDENTIAL)

Student ID#: _____ **Other names used at Jefferson:** _____

Projected Graduation Term:(Fall/Spring/Summer): _____ **Year:** _____

Address: _____
 (ADDRESS FOR MAILING THE CREDENTIAL)
 (Street/City/State/Zip)

Email address: _____ **Phone #:** _____

Home Campus: _____

Academic Information

(TO BE COMPLETED BY FACULTY)

Credential for which student is applying for: Diagnostic Medical Sonography—General

- Approved**
- Conditional Approval— Please indicate below what courses the student must complete to be ready to graduate**

<u>Course(s) Needed</u>	<u>Credits Needed</u>	<u>Semester of Completion</u>	<u>Minimum Grade Required</u>
DMS111	7	Fall	C
DMS116	6	Fall	C
DMS121	6	Spring	C
DMS199	1	Summer	C
DMS201	1	Summer	C
DMS202	1	Summer	C
DMS126	4	Fall	C
DMS230	8	Spring	C
DMS240	5	Summer	C

This application constitutes a statement of intent by the student to complete the requirements for graduation. Final determination of graduation shall be made by the Registrar who shall certify that the student has (1) fulfilled all course requirements for the Associate degree and (2) attained at least a 2.0 cumulative grade point average. In addition, at least 25 percent of the approved curriculum credits must be completed at JCTC.

Furthermore, I understand that it is my responsibility to meet the above stated requirements before I may officially graduate from Jefferson. In no case will a degree be granted for the completion of a second option in a program. The completion of a second option, however, will be recorded on the transcript.

Student: I also certify that I met with my advisor and we discussed those courses which I must satisfactorily complete in order to fulfill the curriculum requirements for my program. I also understand that if for some reason my application for graduation is denied it is my responsibility to reapply.

Advisor: By signing this form I am verifying that this student will be eligible to receive the degree (s) listed above once all conditions are met.

Advisor's Signature _____

Student's Signature _____