

12/9/2008

DEGREE/CERTIFICATE DECLARATION

Name _____ Date _____

Address _____
Street City State Zip

Please check the program that you plan to pursue:

ASSOCIATE OF ARTS

- Business Management
- Education
- History
- Justice Studies
- Liberal Arts
- Native American Studies
- Psychology
- Sociology

ASSOCIATE OF SCIENCE

- Aviation
- Business Management
- Information Systems
- Justice Studies
- Social Work

ASSOCIATE of APPLIED SCIENCE

- Accounting
- Administrative Office Management
- Business Management
- Chemical Dependency Counseling
- Computer Technology
 - C# Option
 - Cisco Technologies Option
 - Desktop Support Option
 - MCSE Option
 - Visual Basic Option
- Direct Support Services
- Entrepreneurial Studies
- Medical Office Administration

CERTIFICATE

- Chemical Dependency Counseling
- Direct Support Services
- Entrepreneurial Studies
- Medical Coding & Reimbursement
- Medical Transcription

Approval of Signatures:

Advisor _____

Date _____

Registrar _____

Date _____

Program course requirements must be completed within four years. If not, the student agrees to convert to the course requirements in force at that time for the same program. If the program has become inactive the student will be required to choose a new program.

Student Signature

Date

Note: Students, who decide to change their declaration, must complete a *Request to Change/Add/Drop form*.