



APPLICATION FOR ASSOCIATES DEGREE

PLEASE PRINT YOUR NAME EXACTLY AS IT WOULD APPEAR ON THE DIPLOMA

FULL NAME

Phone Number

Email Address

Address (After Graduation)

DEGREE INFORMATION:

Expected date of graduation: Winter _____ Summer _____ Fall _____

Graduation deadlines:

Tuition must be paid at least thirty days prior to the student's graduation date in order to receive their diploma.

Tuition Balance: _____ Accountant Signature: _____
Date

Number of Completed Gym Trackers Required: _____

Number of Completed Gym Trackers Turned In: _____

Additional Notes:

STATEMENT OF CONFIRMATION

(Your application will not be accepted if you do not complete this section)

I confirm that I have read and understand the above information.

Student Signature

Date

ELI Director

Date