



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: Summer 17 _____ Fall 17 _____ Winter 18 _____

Please read the following and sign:

Students who apply for an Associates Degree and do not complete their degree/certification requirements, such as being fully paying for the internship, must reapply and pay the appropriate fee. It is a student's responsibility to meet all degree requirements.

Students should contact the office of administration to find out any more information or payments that need to be made, in order to receive their Associate's Degree

Graduation deadlines:

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

Tuition Balance: _____ Accountant Signature: _____

Date

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