APPLICATION FOR DEGREE OR CERTIFICATE

Complete prior to registering for your last semester

PLEASE PRINT:

FLCC ID #: _____

Last Name **First Name** **Middle Initial**

Name, as you'd like it to appear on your FLCC diploma:

First **Middle OR Middle initial** **Last**

Mailing Address **Daytime Telephone (including area code)**

City **State** **Zip Code**

*

Preferred email address

***Note:** Notification verifying your degree/certificate application **OR** information regarding additional courses required to complete your degree will be **emailed** to the address you provide.

DEGREE I

Degree ☐ AA ☐ AS ☐ AAS ☐ Certificate Curriculum: _____ (example: liberal arts & science, fine arts, nursing, etc.)

Anticipated term of completion: ☐FALL 20 ____ ☐WINTER 20 ____ ☐SPRING 20____ ☐SUMMER 20____

I will be using future transfer credit from another school to complete this degree: ☐YES ☐NO

If YES, what school? _____

Please request an official transcript from the above school after their grades are posted

DEGREE II (if applicable)

Degree ☐ AA ☐ AS ☐ AAS ☐ Certificate Curriculum: _____ (example: liberal arts & science, fine arts, nursing, etc.)

Anticipated term of completion: ☐FALL 20 ____ ☐WINTER 20 ____ ☐SPRING 20____ ☐SUMMER 20____

I will be using future transfer credit from another school to complete this degree: ☐YES ☐NO

If YES, what school? _____

Please request an official transcript from the above school after their grades are posted

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

IN SGRD _____

10/01/15

Return form to: Finger Lakes Community College
Student Records Office
3325 Marvin Sands Drive
Canandaigua, NY 14424

Nondiscrimination Notice: Finger Lakes Community College does not discriminate based on an individual's race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.