



DEGREE CANDIDATE CARD

Today's Date _____

★ Print entire name *EXACTLY* as it is to appear on your diploma (First, Last, etc.)

Last Name Only

Address	Apartment Number	I.D. Number	Social Security No.
		/ /	()
City	State	Zip	Telephone
High School	City		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

<i>Ethnic Origin (Optional)</i>	MAJOR(S)	CONCENTRATION OR TRACK (if any)	MINORS (if any)
Black Non Hispanic <input type="checkbox"/>	1 _____	_____	1 _____
Indian/Alaskan Native <input type="checkbox"/>	_____	_____	_____
Hispanic <input type="checkbox"/>	_____	_____	_____
Asian/Pacific Islander <input type="checkbox"/>	2 _____	_____	2 _____
White/Non Hispanic <input type="checkbox"/>	_____	_____	_____

Deficiencies (Office use *ONLY*)

Expected Date of Degree Completion:

Feb. 20_____

June 20_____

Aug. 20_____

Degree Program

B.A. B.S.

B.B.A.

Certificate

Other _____

Specify