

DEGREE PLAN REQUEST
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

UNOFFICIAL EVALUATIONS may be requested at the Counseling or Advising Center. This form is for an Official Evaluation of your academic credentials. Degree Plans may be requested any time during your first term or any subsequent terms within the DCCCD, provided **ALL official transcripts are on file at the college from which you request the evaluation. THIS IS NOT AN APPLICATION FOR GRADUATION NOR A DIPLOMA.** You may contact the Registrar's Office at your college for a Graduation Application form.

PERSONAL INFORMATION: (Please Print Clearly)

Student I.D. Number: _____ Full Name: _____
 (Last) (First) (MI)

Give names (if different from above) that are on transcripts from other institutions:

| | | | | |
|-----------------|--------|--------------------|------------------------|------|
| ADDRESS: | APT #: | CITY: | STATE: | ZIP: |
| E-MAIL ADDRESS: | | HOME PHONE NUMBER: | BUSINESS PHONE NUMBER: | |

STUDENT STATUS: (CHECK ALL THAT APPLY)

- DCCCD hours only
- Attended other Colleges or Universities (You must have ALL Official Transcripts on file at the college from which you request the Degree Plan.)
- Receiving **VA Benefits** (You must have a Degree Plan to be certified.)
- Receiving **Financial Aid Benefits** (You must have a Degree Plan to be certified.)

DEGREE OR CERTIFICATE TYPE: (CHECK ONE)

- Associate in Arts - General Associate in Arts - (Specify Emphasis/FOS Program): _____
- Associate in Science - General Associate in Science - (Specify Emphasis/FOS Program): _____
- Associate of Arts in Teaching (Specify Academic Program): _____
- Associate in Applied Science (Specify Technical Program): _____
- Certificate (Specify Technical Program): _____
- Enhanced Skills Certificate (Specify Skills Area): _____
(This Certificate is awarded only to students who have already completed or are concurrently completing the Associate in Applied Science Degree.)
- Skills Achievement Award (Specify Skills Area): _____

CATALOG YEAR: If you do not indicate a catalog year, the current catalog year will be used. Your program requirements must be completed within five years of the effective date of the catalog year chosen.

I choose catalog year: _____ - _____

I plan to complete all requirements for graduation: Semester _____ Year _____

The DCCCD reserves the right to make changes to Degree Plans at any time to reflect Board Policies, Administrative, State and Federal Regulations.

PREVIOUS COLLEGES ATTENDED: Please be advised, it is YOUR responsibility to provide ALL Official Transcripts to the college from which you request the Degree Plan and be aware that processing will not begin until ALL Transcripts are received at the college.

| List all Colleges attended <i>OUTSIDE</i> the DCCCD | Transcripts are on file at which DCCCD College? | Transcripts have been evaluated |
|---|---|---|
| | <input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC | <input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No |
| | <input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC | <input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No |
| | <input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC | <input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No |
| | <input type="checkbox"/> BHC <input type="checkbox"/> CVC <input type="checkbox"/> EFC <input type="checkbox"/> ECC <input type="checkbox"/> MVC <input type="checkbox"/> NLC <input type="checkbox"/> RLC | <input type="checkbox"/> Yes, when _____ <input type="checkbox"/> No |

| | |
|--------------------------|-------------|
| STUDENT SIGNATURE: _____ | DATE: _____ |
|--------------------------|-------------|

| OFFICE USE ONLY | | |
|-----------------|------------------|----------------|
| DATE RECEIVED: | STAFF INITIALS | DATE RETURNED: |
| DATE MAILED: | REASON RETURNED: | |