

Theoria Technical College 5857 Owens Avenue, Suite 300 Carlsbad, CA 92008

Date

Date

Phone: (760) 487-8436 Email: info@theoriatechnical.com

INTEREST APPLICATION FOR ASSOCIATE OF SCIENCE DEGREE

INSTRUCTION TO STUDENTS:

Approval will not be official until all requirements have

been satisfied.

AS Catalog Year _

- 1. Fill out all parts of this application. This form cannot be processed unless it if filled out completely.
- 2. Application must be returned to the Operations Department of Theoria. An application received 30-days before the end of the semester will be processed that same semester. Applications may be emailed to operations@theoriatechnical.com
- 3. Please attach a copy of your unofficial transcripts from both Theoria Technical College and any additional colleges you want Theoria to consider for transfer to the AA/AS Degree Program.

Print your name exactly as you wish it to be listed (last name first) on the diploma, one letter in each box leaving a blank box between names. (Note: It will appear in first-middle-last name order on the diploma.) Use legal name only. Initials may be used for first or middle name but not for both. Nicknames may not be used.

First Name	Middle Name	Last Name	
i iist ivaine	Wilder Name	Last Name	
Student I.D. (Log into your Student Porta	l to obtain) Email address		
AS DEGREE APPLICATION Address to which diploma w	N FOR: Winter, 20Spring, 2	20Summer, 20)Fall, 20
	Street		
City Telephone number where I	may be contacted during this ter	State rm:	Zip
•		Area Code Phone	number
PLEASE ANSWER THE FO	OLLOWING:		
standing with Theoria			nnical College
<u>Ćourse Prefix</u>	Course Title		Srade Status*
1.			
2.			
3.			
4.			
5.			
6.			
*Status can be: Completed (C) or In-proc	ress (IP), Re-take (R)		•
me on this form is true and acc	ng to the completion of this applicat curate. I also understand that I must cumulative GPA at Theoria to certify	take at least 24 units a	

Student Signature

Recommendation Approved