Wabanung Campus

770 N. Main St L'Anse, MI 49946 Phone: (906) 524-8400 Fax: (906) 524-8420

Signed:_



Arts & Agriculture Center

15211 Pelkie Rd Pelkie, MI 49958 Phone: (906) 524-8903 Fax: (906) 524-8420

Full Legal Name:		Student ID			
Address:	City:	:	State:	Zip:	
Telephone:	Birthdate:	Email:			
MAIL MY DIPLOMA/CERTIFICATE TO): (If different from above)				
Address:	City	/:	State:	Zip:	
Associate of Arts Degree in Anishinaabe Art Anishinaabe Studies General Studies	Associate of Scie Business Admi Early Childhood Environmental Environmental Health Science Nursing Psychology	inistration d Education Science Science/Sustainability Emphas	Child Crim sis Culin Envi Gen Hea Office Sma	ness Administration d Development ninal Justice	
Semester and year of coursework of	completion: □ Fall 20	□ Spring 20		Summer 20	
NOTE: If you fail to complete your		the semester indicated, you municompletion semester.	ust file a ne	w application for your next	
Catalog Year: I have reviewed this student's academi of the semester indicated above.	Degrees Previously Earner	d at KBOCC:			
	-	Advisor's Signature/Date			
Please attach supporting information	ı including approved course	e substitutions, waivers and/	or departn	nental recommendations	
Associate Degree Graduates: Co	mplete this section ONLY	if you plan to participate in t	he gradua	ation ceremony	
Intend to wear (check one):	gown or own regalia	Height (with shoes	s/heels if o	gown):	
INTERNAL USE ONLY					
Approved (date & initial):	Rejected (date & init	tial)· Hold	(date & init	ial)·	

_____ Date:_____ Diploma Mailed (date & initial): _____