**DECLARATION OF CANDIDACY FOR**

**BACHELOR DEGREE/ASSOCIATE DEGREE/CERTIFICATE/DIPLOMA**

**(Please complete ONE form per degree/certificate/diploma)**

All students intending to complete a Bachelor Degree, Associate Degree, Certificate or Diploma at Bay Mills Community College are required to complete this Declaration form. This declaration of intent and Survey of Graduating Students must be filed with your advisor by the third week of Spring Semester.

Your advisor and the registrar must review and approve that you have completed the requirements for your degree/certificate/diploma.

**Please fill out completely:**

Student’s Name (as it is to appear on the degree/certificate/diploma) **PLEASE PRINT**

\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address to mail degree (if different from BMCC student database)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student will participate in commencement ceremonies: ο YES ο NO

If Yes, Graduation Gown Measurements: Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survey of Graduating Students completed: ο YES ο NO

οAssociate of Applied Science Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ οAssociate of Arts Catalog Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

οAssociate of Science ο Candidacy Status

(one class to complete for Associate Degree)

οCertificate/Diploma (circle one)

οBachelors of Arts

TO BE COMPLETED BY ADVISOR TO BE COMPLETED BY REGISTRAR

I have reviewed the above named student’s record, ο Approved ο Disapproved

transcript, academic progress, writing proficiency test

and program requirements and certify that this person Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

meets the requirements for degree/certificate/diploma

ο Candidate Status ο MTA

award. A degree/certificate/diploma audit is attached.

Class to complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Advisor Date Signature of Registrar