



SAGINAW CHIPPEWA TRIBAL COLLEGE
Declaration of Degree

Semester:	_____
Year:	_____

Student's Name: _____ Social Security No: _____

Check one:

New Student Continuing Student

Check one:

Associate of Arts: Native American Studies Catalog year _____

Associate of Arts: General Studies Catalog year _____

Associate of Arts: Business Catalog year _____

Office Use:

Student's Signature: _____ Date: _____

Signature of Advisor / Dean: _____ Date: _____

Check here if this is a degree change

Previous degree: _____ Previous catalog _____

Note: when changing degrees, the current catalog must be used for the new degree

Copies: 1) student 2) student file 3) advisor