FLORIDA ATLANTIC UNIVERSITY

Office of the Registrar
777 Glades Rd.
Boca Raton, Florida 33431-0991
Phone: (561) 297-3050

APPLICATION FOR ASSOCIATE OF ARTS DEGREE

NOTE: TRANSFER STUDENTS WITH 40 OR MORE CREDITS MAY NOT APPLY FOR AN AA DEGREE AT FAU.

INSTRUCTION TO STUDENTS:

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 Office of Freshman Academic Advising Services by the deadline indicated in the University Calendar (see University catalog). An application received after the deadline will be processed the next semester.

(Note: Students may not apply for the AA degree and a Baccalaureate degree in the same semester.)

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.

Last Name First Name Middle Name

Z ☐☐☐☐☐☐☐☐ Email address:_____

Z Number (Log into your MyFAU account to obtain)

AA DEGREE APPLICATION FOR: Fall, 20_____ Spring, 20_____ Summer, 20_____

Address to which diploma will be mailed: _____
Street

_____
City State Zip

Telephone number where I may be contacted during this term:_____
Area Code Phone number

If you are taking a course(s) at an institution other than FAU, please list the course(s) below.

	Course Prefix and Number	Credit Hours	Course Title
1.			
2.			
3.			

PLEASE ANSWER THE FOLLOWING:

1. Have you satisfied 24,000 words of "Gordon Rule" writing? Yes_____ No _____

I accept all conditions pertaining to the completion of this application, and certify that all information provided by me on this form is true and accurate. I also understand that I must take the last 12 hours in residence at FAU. Additionally, I must maintain a minimum 2.0 cumulative GPA at FAU to certify for the degree.

Approval will not be official until all requirements have been satisfied.

_____
Student Signature **Date**

_____
Recommendation Approved **Date**