



VERIFICATION OF DEGREE/PROGRAM INFORMATION

PLEASE CONSIDER ME A CANDIDATE FOR GRADUATION UNDER THE FOLLOWING CURRICULUM:

MASTER OF BUSINESS ADMINISTRATION

MBA

BACHELOR OF SCIENCE DEGREE

- Accounting
- Business Administration
- With a concentration in:
 - Agribusiness Management
 - Automotive Management
 - Marketing
- Health Care Administration
- Specialized Studies

ASSOCIATE OF APPLIED BUSINESS DEGREE

- Agricultural Equipment Technology
- Automotive Technology
- Automotive/Diesel Technology
- Automotive/High Performance Technology
- Diesel Technology
- High Performance Technology
- HVAC/R Technology

ASSOCIATE OF APPLIED BUSINESS DEGREE

- Accounting
- Administrative Assistant
- Agribusiness Marketing/Management Technology
- Automotive Management/Automotive Aftermarket
- Business Administration
- Information Technology
 - Digital Multimedia Design
 - Microsoft Networking Technology
 - Network Security
- Legal Administrative Assistant
 - Voice Record Option
 - Word Processing Option
- Legal Assisting
- Marketing
- Medical Administrative Assistant
 - Voice Recognition Option
 - Word Processing Option
- Medical Assistant Technology
- Pharmacy Assistant Technology
- Specialized Studies
- Travel & Hospitality Management
- Word Processing/Administrative Support

DIPLOMA –COLLEGE OF TECHNOLOGY

- Agricultural Equipment Technician
- Alternative Fuels Technician
- Automotive Technician
- Automotive/Diesel Technician
- Automotive/High Performance Technician
- Diesel Technician
- High Performance Technician
- HVAC/R Technician

DIPLOMA – COLLEGE OF BUSINESS

- Agribusiness Management
- Executive Assistant
- Information Technology
 - Graphic Design
 - MS Network Technology
- Medical Coding
- Medical Transcriptionist
- Paralegal
- Pharmacy Technician
- Travel & Hospitality
- Word Processing Specialist

CERTIFICATE

- Information Technology
 - MS Administrator
 - MS Networking
- Commercial Drivers License

I plan to complete my studies at the end of the following term:

- College of Business: Summer Fall Winter Spring
- College of Technologies: January February March May June August October November

Please forward any information to the following Address:

STREET: _____ CITY: _____ ST: _____ ZIP: _____

This is the way my name should appear on my degree:

(PLEASE PRINT) FIRST _____ MIDDLE _____ LAST _____

I hereby authorize release of my name on all matters relative to commencement: Name, hometown, and degree on news release and commencement program.

SIGNATURE: _____ STUDENT #: _____