# AHE DECLARATION OF CANDIDACY
# GRADUATE DEGREE

COLUMBIA COLLEGE

**Campus: _____** **Expected Date of Graduation: _____**

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**Print name EXACTLY as it is to appear on your diploma:**

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**I declare myself as a candidate for the degree indicated below.**

☐ **Master of Arts in Teaching**

☐ **Master of Business Administration**

☐ **Master of Science in Criminal Justice**

☐ **Certificate in Criminal Justice Management**

Please indicate the address that you would like your diploma mailed to. If this address changes, please contact the Evaluations Dept.

_____

_____

_____

☐ **I will participate in a graduation ceremony**
- ☐ **At the Local Campus**
- ☐ **At the Home Campus**

**Checking this box does not sign you up for Commencement Ceremony.**
**If you are planning to participate in a ceremony, there is additional paperwork to complete. You must see campus staff for information and sign-up.**

Payment of the non-refundable $120.00 graduation fee is required prior to submission of the Declaration of Candidacy form.

_____

**Signature** **Date**

_____

**ID or Social Security Number**

FOR EVALUATIONS OFFICE USE ONLY

| | |
|---|---|
| STUDENT ID | |
| ACADEMIC CLEARANCE | |
| FINANCIAL CLEARANCE | |
| DIPLOMA MLD | |
| | |
| TERM | |
| DATE | |
| DEGREE/MAJOR | |

Evaluations Department
1001 Rogers Street
Columbia, MO 65216
(573) 875-7658