The Wescoe School
MUHLENBERG COLLEGE

APPLICATION FOR DEGREE CANDIDACY

PLEASE PRINT AND PRESS FIRMLY

'Berg ID_____ Date_____

Name _____

Address _____
Street

_____
City/State/Zip

Home Telephone_____Work Telephone_____

DEGREE:

_____Bachelor of Arts
_____Bachelor of Science
_____Associate of Arts
_____Teacher Certification
_____Undergraduate Certificate
_____Major Certificate
_____150 Hours in Accounting

MAJOR(S)_____**MINOR**_____

Expected Date of Graduation_____

Please list the names of the institutions from which you will submit official transcripts for transfer evaluation:

1._____

2._____

3._____

4._____

Student Signature_____

DO NOT WRITE BELOW THIS LINE

_____ _____
Dean of The Wescoe School of Muhlenberg College Date

_____ _____
Department Head (Major #1) Date

_____ _____
Department Head (Major #2/Minor) Date

White Copy – Registrar **Yellow Copy – Advisor** **Pink Copy – Wescoe School**