

## Program Application Form

Please fill out the program application form at the <u>beginning</u> of your AEGS studies, if possible.

		Applicant 1	Information	
Full Name:				Date:
	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email:		
	_	Course In	formation	
Date you st	arted attending TCC:			
Principal su	bject of study at TCC:			
Are you see	eking a degree at TCC?		n do you expect to graduate?	
If you have	already taken some Al	GS courses, please list	them here:	
1)				
57				
How did yc	ou first hear about the p	program?		
			l at <u>acho@tacomacc.edu</u> , or b na, WA 98466-6100, 253-566-	
	Π	nis portion for co	ordinator use only	
Grades in A	EGS courses are C or a	YES NO bove?		
Program co	ompletion date:		Certificate processed date:	