



## **Declaration of Academic Program**

**Career Preparatory Options** 

### Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)

Student Name:	udent Name:							
	Last		First		Middle			
Student ID Number:		Date:		Anticipated Graduation Date:				

AAS (Associate of Applied Science Degree), Certificate of Specialization, Certificate of Achievement - Career and technical degree or certification for students who desire employment after ECC program completion.

**Circle appropriate Certificate, Status or Degree** Specialization sepoN Achievement Cert. of Cert. of Degree Programs Accounting AAS AC AAS AC Applied Technology SP Apprenticeship Training AAS Check with an advisor for more information Partner Program–Four Rivers Career Center in Automotive Technology AC AAS Washington, MO AAS Biotechnology Partner Program–Four Rivers Career Center in **Building Construction** AAS SP Washington, MO **Business** AAS AC AAS AC **Computer Information Systems** Computer Information Systems - Network Technician AC **Culinary Arts** AAS AC Early Childhood Development AAS SP Health Information Management AAS AC Heating, Ventilation, Air Conditioning and Refrigeration AAS AC Industrial Engineering Technology AAS AC Industrial Maintenance SP Licensed Practical Nurse (LPN) AC Pre-Admission - ECC-Rolla Medical Assistant AAS AC Medical Lab Technician AAS Pre-Admission AAS Nursing Pre-Admission Nursing LPN to RN Bridge Program Option AAS Pre Admission - ECC Rolla Partner Program–MHPC. **Pre-Admission** Occupational Therapy Assistant AAS Paramedic Technology AAS AC Precision Machining Technology AAS AC Precision Machining Technology – CNC AC Radiologic Technology AAS Rolla Technical Center in Rolla MO Surgical Technology AAS ECC-Rolla Partner Program–Four Rivers Career Center in Welding AAS AC SP Washington, MO

I acknowledge that it is my responsibility to understand my academic program and program requirements.

New Assigned Advisor:

Student Signature:

Advisor Signature:



# **Declaration of Academic Program**

**Transfer Degree Options** 

## Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)

Student Name:Last		First	Middle				
Student ID Number:	Date:		Date:				
AA (Associate of Arts) – A degree designed for students who plan to transfer to complete a bachelor's degree. AAT (Associate of Arts in Teaching) – A degree for students who plan to transfer to complete a teacher education degree. AFA (Associate of Fine Arts) – A degree designed for Art students planning to transfer to University of Missouri-St. Louis. AS (Associate of Science) – A degree designed for students planning to transfer to MO University of Science and Technology.							
Programs	Circle appropriate status or degree	Specialization	Notes				
Associate of Fine Arts, Art	AFA						
Associate of Fine Arts, Music	AFA						
Business Guided Pathway	AA						
Education Guided Pathway	AA						
Health Science Guided Pathway	AA	Medical Lab Technician Licensed Practical Nurse (LPN) Nursing LPN Bridge (LPNBG) Nursing (NURS) Occupational Therapy (OTA) Radiologic Technology (RTECH) Surgical Technology	Specializations are for students that have not been admitted into the appropriate AAS program.				
Humanities Guided Pathway	AA						
Liberal Studies	AA						
Social Science Guided Pathway	AA						
STEM Guided Pathway	AA						
Teaching	AAT						
Transfer Engineering	AS						
Non-Degree/Cert. Seeking - A student enrolled for credit coursework who does not plan to receive a college or university degree or certificate. Non-Degree/Cert. Seeking students are not eligible for financial aid.							
Dual Enrollment - A student who has not completed a high school diploma, a GED certificate or a home school certificate who is enrolled in ECC credit classes, not including dual credit. Dual Enrollment students are not eligible for financial aid.							
Visiting Student - A degree-seeking student from another college who attends ECC for one semester only. Visiting students are <u>not eligible for financial aid</u> .							

I acknowledge that it is my responsibility to understand my academic program and program requirements.

New Assigned Advisor: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Advisor Signature:

#### NOTICE OF NON-DISCRIMINATION

Applicants for admission and employment, students, employees, and sources of referral of applicants for admission and employment and individuals with whom the Board of Trustees and college officials do business are hereby notified that East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, age, disability, genetic information or veteran status. Auxiliary aids and services are available upon request to individuals with disabilities. Inquiries/concerns regarding civil rights compliance as it relates to student programs and services may be directed to Sarah Leassner, Vice President of Student Development, 131 Buscher Hall, 1964 Prairie Dell Road, Union, Missouri 63084 636-584-6565 or stnotice@eastcentral.edu.