



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: _____
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

Programs	Degree	Cert. of Achievement	Cert. of Specialization	Notes
Accounting	AAS	AC		
Applied Technology	AAS	AC	SP	
Apprenticeship Training	AAS			Check with an advisor for more information
Automotive Technology	AAS	AC		Partner Program—Four Rivers Career Center in Washington, MO
Biotechnology	AAS			
Building Construction	AAS		SP	Partner Program—Four Rivers Career Center in Washington, MO
Business	AAS	AC		
Computer Information Systems	AAS	AC		
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	
Medical Assistant	AAS	AC		
Medical Lab Technician	AAS			Partner Program-MHPC
Nursing	AAS			Pre-Admission: See Health Science Guided Pathway
Nursing LPN to RN Bridge Program Option	AAS			ECC-Rolla Pre-Admission: See Health Science Guided Pathway
Occupational Therapy Assistant	AAS			Partner Program—MHPC. Pre-Admission: See Health Science Guided Pathway
Paramedic Technology	AAS	AC		
Precision Machining Technology	AAS	AC		
Precision Machining Technology – CNC		AC		
Radiologic Technology	AAS			ECC-Rolla Pre-Admission: See Health Science Guided Pathway
Welding	AAS	AC	SP	Partner Program—Four Rivers Career Center in Washington, MO

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

Student Signature: _____

New Assigned Advisor: _____

Advisor Signature: _____



Declaration of Academic Program Transfer Degree Options

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Student Name: _____
Last
First
Middle

Student ID Number: _____ **Date:** _____ **Anticipated Graduation 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 Nursing LPN Bridge (LPNBG) Nursing (NURS) Occupational Therapy (OTA) Radiologic Technology (RTECH)	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		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	Visiting Student - A degree-seeking student from another college who attends ECC for one semester only. Visiting students are not eligible for financial aid.		

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

Student Signature: _____

New Assigned Advisor: _____

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 Buescher Hall, 1964 Prairie Dell Road, Union, Missouri 63084 636-584-6565 or stnotice@eastcentral.edu.