



Matriculation Request

Please Print:

Name

CCM ID #

Phone #

Declaration of Major:

Program # _____ Program Title _____

Department _____

****Students are required to follow the degree requirements in effect at the time of matriculation, not those in effect at the time of initial enrollment at CCM****

Did you attend another college? () Yes () No

****If yes, please list names of college(s) attended so we can evaluate your transfer credits****

Previous College(s) Attended:

College/University Name	Rec and Reg IASU Check for Transcripts

Student Signature

Date

Records and Registration Only

Input _____ Date _____

Email Sent to Student/Copy Dept. Chair _____

Missing Documents:

