Matriculation Request

Please Print:

Name _____ **CCM ID #** _____

Phone # _____

Declaration of Major:

Program # _____ **Program Title** _____

****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****

Are you currently enrolled in a Certificate of Achievement? ◯ Yes ◯ No

If yes, would you like to remain in the Certificate? ◯ Yes ◯ No

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 Use Only** - IASU Check for Transcripts

Student Signature _____ **Date** _____

****This form may be emailed from your CCM email address to registrar@ccm.edu.****

****

Records and Registration Use Only

Input _____ Date _____

Email Sent to Student _____

Missing Documents:

_____

_____