



# 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:

\_\_\_\_\_  
\_\_\_\_\_