



Program of Study Declaration Form



Name (First, Middle, Last):		
Date of birth:	Phone:	Student ID#:
Current address:		
City:	State:	ZIP Code:

Transfer Programs			
Programs	Degrees	Degree Code	Program Code
Fine Arts	Associate of Fine Arts in Art <i>(Studio Emphasis)</i>	AFA	AFA
Business	Associate of Business in Business Administration	AB	ABBA
	Associate of Arts in Computer Information Systems	AA	AACIS
Science and Health	Associate of Science in Physical Science	AS	ASPS
	Associate of Science in Life Science <i>(Agriculture Sciences)</i> <i>(Environmental Sciences)</i> <i>(Health Sciences)</i> <i>(Natural Resources)</i>	AS	ASLS
Education	Associate of Arts in Early Childhood Education	AA	AAECE
	Associate of Arts in Elementary Education	AA	AAEE
Liberal Arts	Associate of Arts in Life Science <i>(Community & Public Health)</i> <i>(Pre-Professional Nursing)</i> <i>(Environmental)</i>	AA	AALS
	Associate of Arts in Liberal Arts	AA	AALA
Social Work	Associate of Arts in Social Work	AA	AASW
Tohono O'odham Studies	Associate of Arts in Tohono O'odham Studies	AA	AATOS

Direct Employment Programs and Certificates

Associates of Applied Science	Associate of Applied Science in Business Management	AAS	AASBM
	Associate of Applied Science in Early Childhood Education	AAS	AASEC
	Associate of Applied Science in Computer Information Systems	AAS	AASCIS
Certificates	Certificate in Digital Media	CRT	CRTDM
	Certificate in Culinary Arts I	CRT	CRTCUA
	Certificates in Culinary Arts II	CRT	CRTCUII
	Certificate in Casino Gaming	CRT	CRTCG
	Certificate in Social Services	CRT	CRTSS
	Certificate in Substance Abuse and Addiction Studies	CRT	CRTSAA

	Program Name	Degree Code	Program Code
List main program of study:			

Student Signature: _____ Date: _____

For Staff Use Only:

New POS <input type="checkbox"/> Change POS <input type="checkbox"/> Add POS <input type="checkbox"/>	Date Entered:	Employee Initials:	Institutional Advising Year:
---	---------------	--------------------	------------------------------