

UNIVERSITY of WISCONSIN
GREEN BAY

**OFFICIAL DECLARATION OF
ASSOCIATE OF ARTS & SCIENCES DEGREE PLAN/ADVISOR**

Student Name: _____ / _____
(PLEASE PRINT) (STUDENT NUMBER)

GENERAL EDUCATION REQUIREMENTS

I have reviewed and understand the general education requirements necessary to complete the Associate of Arts & Sciences Degree.

Approved by Academic Advising

Student Signature (Date) Advisor Signature (Date)

AREA OF EMPHASIS
(Minimum of 12 credits)

PLAN: _____ **ADVISER:** _____

INSTRUCTIONAL UNIT	COURSE NUMBER	CREDITS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Department Chair or Designee Signature (Date)

**AFTER COMPLETION OF THIS FORM, SUBMIT TO
THE REGISTRAR'S OFFICE**

SS 1000 465-2657
