



Delaware Valley College
Division of Continuing Education
APPLICATION FOR DEGREE CANDIDACY

PLEASE PRINT

To avoid delay in processing your application, please complete all sections of this form.

Name: _____ Date: ____/____/____

Social Security Number: ____ - ____ - _____ Date of Birth: ____/____/____

Address: _____

E-mail address _____

We will be communicating with you via email. Please provide an address that you check regularly.

City: _____ State: _____ Zip: _____

Phone Numbers:
Day: _____ Evening: _____ Cell: _____

Current Status: please check

New Student Current Student Previously Attended Year _____

First semester/year of enrollment at Delaware Valley College: _____

Maiden Name when last attended:
If applicable _____

Type of Program: please check all that apply

Aspire Pre-Aspire
Aspire Plus

Approved: _____ Date: _____

Procedure for Degree Candidacy in the ASPIRe Program

Schedule a personal interview with either the Director or Assistant Director of Continuing Education and meet one or several of the following criteria:

- Have a 2.00 ("C") grade point average in current and previous college work
- Already possess an associate's degree

Official transcripts from the following institutions will be submitted for evaluation:
(Please list all colleges that you have attended):

An "Official Transcript" must be sent directly from each institution that you attended directly to the Evening College Office at Delaware Valley College.

1. _____
2. _____
3. _____
4. _____

Have been submitted to the Continuing Education Office.

No transcripts will be submitted.

How did you learn about the ASPIRe Program : (please check one)

- Direct Mail Newspaper (specify) _____ Radio (specify) _____
Other

Please list your employer 's name and address:

Employer's Name	Address	City	State	Zip
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I certify that I have graduated from High School or have obtained a GED certificate, a copy of which is attached or will be forwarded to the Continuing Education Office.

I also understand that the benefits of the ASPIRe Program are related to the cohort in which I begin, and if I do not continue with my cohort that I will need to reapply, and the benefits I receive as a part of the current cohort will not continue, but will be reactivated relative to my new cohort if I reapply.

I also understand that I must remain with the cohort with which I started the ASPIRe Program, and that I will follow the class schedule that is established for my degree completion goal.

Signature	Date
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Return this form with your \$100 application fee, checks payable to Delaware Valley College:

**ASPIRe Program
CONTINUING EDUCATION
DELAWARE VALLEY COLLEGE
700 E BUTLER AVE
DOYLESTOWN, PA 18901**

Questions? Please call the Continuing Education Office - 215-489-2375

Delaware Valley College of Science and Agriculture does not discriminate on the basis of race, color, sex, age, national or ethnic origin, or handicap in administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, employment, or other school-administered programs. Inquiries may be directed to the Section 504 Coordinator of the Title IX Coordinator, Office of the President, Extension 2203.

"The Security Information Report required by the College and University Security Information Act of Pennsylvania and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of the Federal Government is available at the Office of Public Safety and Security and other campus locations including our web page" rev. July, 07

Approved: _____ Date: _____