



Elgin
Community
College

PETITION TO EARN MULTIPLE TRANSFER ASSOCIATE DEGREES

Name: _____

ECC ID Number: _____

Please check the degrees below that you wish to apply for. Indicate the degree(s) you have already earned with an "E."

- ☐ _____ Associate in Arts
- ☐ _____ Associate in Science
- ☐ _____ Associate in Engineering Science
- ☐ _____ Associate in Fine Arts - Art
- ☐ _____ Associate in Fine Arts - Music
- ☐ _____ Associate in Fine Arts - Music Production
- ☐ _____ Associate in Liberal Studies

Each request must include the following:

Documentation as to the reasons you are requesting an additional transfer degree and how this will benefit you and your transfer.

Documentation attached: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Director of Advising Signature: _____ Date: _____

Submit completed request form and supporting documentation to:

Sarah Buzzelli
Director of Academic Advising
Elgin Community College
1700 Spartan Drive, Building B, Room B 120
Elgin, Illinois 60123
sbuzzelli@elgin.edu