

REGENTS BACHELOR OF ARTS PROGRAM APPROVAL FORM

(RBA 12/22)

Please complete the following required information.

First Name	MI	MI Last Name		Social Security Number		GSC ID	
Mailing Address		Sta	te			Zip Code	
E-Mail Address		Da	te of Birth	Cumulative GP (2.0 GPA Requir		Telephone Number	
	Please review	wand check the app	ropriate bo	xes. (Completed l	by Stude	ent)	
					YES	NO	
- I have a	bachelor's deg	ree					
•	Not eligible fo	r the RBA Degree if a	lready have	a bachelor's			
		or I have been admitt					
0	0	school more than fou	, 1				
	-	1 or GI	ED attained				
	0	tended					
	0	chool transcript/diplo		-	_	_	
	-	AS BOG Degree					
	-	oleted twenty-four (24					
		ducation institution					
		ripts from each institu					
- I have cu	irrent or prior	military service (JST r	equired for	credit)			
Signature of Stud	lent				Date		
Printed Name of	Current Adviso	or (if applicable) / S	Signature of (Current Advisor	Date		
Director of Rege	nts Bachelor of	Arts Program	ved		Date		
Reason(s) not app	roved (if applica	ble):					
	,	A Director (Dr. Kanda g <u>lenville.edu</u> . If you ha	-	· ·			
	<u>A</u>	final decision will	be e-mailed	l to the student.			
Do not write bel Official use for C) HS 🗌 CH 🛛 rar: Completed: 🗌	GPA GPA		Read [Trans Date:	