

MISSOURI TSA CONNECTIONS DEGREE PROGRAM

ACADEMIC DEGREE APPLICATION

Deadline: September 1

Candidate's Name _____

(Include a \$5.00 processing fee with this application.)

Home Mailing Address _____

P.O. Box or Street City State Zip

Chapter _____ Grade Level _____

Years of Technology Education completed _____

Date you became a TSA member _____

Date you received the Basic Degree _____

Is your membership in TSA an active continuous one since you first became a member? _____

List the date(s) that you attended the Missouri TSA Connections Conference.

List the local TSA chapter committees on which you have served

List the date(s) that you attended and competed at the Missouri TSA Distinctions Conference:

Year Competitive Event

List all local chapter offices that you have attempted or served

Grade Point Average (overall) _____ Overall Technology Education GPA _____

The above-named TSA member has completed the established requirements for this degree and we hereby certify the information and accounts to be true and accurate.

Advisor's Signature

Candidate's Signature