MISSOURI TSA CONNECTIONS DEGREE PROGRAM
COLLEGIATE DEGREE APPLICATION
Deadline: February 15

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 _____Academic 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 chapter offices that you have attempted or served:

_____

Grade Point Average (overall) _____Overall Technology Education GPA _____

Provide a brief summary of your presentation about TSA and/or Technology Education. (Please explain where the presentation was given and provide the date.)

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