

## APPLICATION FOR GRADUATION

Original Adoption: June 1, 2007 Effective Date: June 1, 2007 Last Revision: January 30, 2016 NOTE: Candidates must meet all requirements for graduation and clear all financial obligations to the College prior to issuance of diploma. **INSTRUCTIONS:** 1. COMPLETE ALL INFORMATION. 2. PRINT ALL INFORMATION LEGIBLY. Print student's name as it appears on our records Banner ID Social Security Number Address City/State/Zip Alternate Telephone Number Telephone Number CHECK HERE IF YOU WANT YOUR NAME PRINTED DIFFERENTLY THAN IT APPEARS ON YOUR STUDENT RECORDS. (Documentation to support this change must be supplied with this form.) Name as it should appear on diploma: \_\_\_\_ Middle Last (include suffixes, Jr. Sr. II, etc.) Please list other names used as a student: **EDUCATIONAL INFORMATION** Date of High School Graduation: \_\_\_/\_\_\_ Date of GED Received: \_\_/\_\_ Non-High School Graduate

Dates of Attendance at LTC: From: \_\_\_/\_ to \_\_/\_ Academic Program Major: \_\_\_\_\_ Please list any semesters of non-attendance (excluding summers):\_\_\_\_\_ Check which you are applying for: ☐ Associate of Applied Science □Certificate of Technical Studies □Technical Diploma □ Associate of Applied Technology (Teach-Outs ONLY) Expected Month/Year of Completion (Please check one) □Fall (December Graduation) Year: Year:\_\_\_\_\_ □Spring (May Graduation) □Summer (December Graduation) Year: If any classes are waived or substituted, approved Course Substitution/Waiver forms must be on file in the Student Affairs Office. **COMMENCEMENT CEREMONY:** Do you plan to participate in the commencement ceremony? Yes  $\square$  No $\square$ If you do NOT plan to attend the Commencement Ceremony, please check the appropriate box: □Will pick up □Please mail to: (please provide address) \_\_\_\_ Permission to use your name in the commencement program and/or news releases? Yes  $\square$  No  $\square$ Date / / Student signature \_\_\_\_\_

Dianne Clark Interim Director