



SA200.3

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

(____) _____
Telephone Number

(____) _____
Alternate Telephone Number

____/____/____
Date of Application

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:

First

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
Month Year Month Year

Dates of Attendance at LTC: From: ____/____/____ to ____/____/____ Academic Program Major: _____
(S/Y) (S/Y)

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: _____

Spring (May Graduation) Year: _____

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 No

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 No

Student signature _____ Date ____/____/____

*******FOR OFFICE USE ONLY*******

For Admissions and Records Use Only

Date Received: ____/____/____ Received by: _____

- Policy Reference:* LTC Policy #IS1930.101 Academic Renewal
- LTC Policy #IS1930.124 Course Substitution/Waiver
- LTC Policy #IS1930.150 Grade Point Average
- LTC Policy #IS1930.152 Grade Symbols
- LTC Policy #SA1930.208 Custodial Authority
- LTC Policy #SA1930.254 Requirements for First Time Freshmen
- LTC Policy #SA1920.266 Student Records
- LTC Form #IS100.45 Transcript Evaluation Request
- LTC Form #SA200.3 Graduation Application

Approved:



Dianne Clark
Interim Director