



Application for Graduation

Name: _____ Student ID #: _____
Last First MI

Other Name (s) Used: _____ Birthdate: ____/____/____ Sex: M ___ F ___

Mailing Address: _____
No. Street City State ZIP

Phone: (_____) _____ - _____ Email Address: _____

You will be notified when your diploma is ready for pick up at the LAC Admissions & Records office.

If requesting a **retroactive degree** for a prior year, what year? Semester _____ Year _____

Degree Desired: LBCC Field of Concentration: _____ AA ___ AS ___ AA-T ___ AS-T ___

For a complete listing of current fields of concentration, please go to: <http://www.lbcc.edu/Articulation/guides.cfm>.

FOR LIBERAL ARTS ONLY, PLEASE CHECK ONE: OPTION I - PLAN A [] or OPTION II - PLAN B [] or C []
 ♦ ♦ Students pursuing an Associate Degree in Liberal Arts should consult with a counselor to be sure all requirements for either Option I or Option II are met and paperwork initiated to meet degree awarding timelines.

When did you first attend LBCC? Fall _____ Spring _____ Summer _____ Year: _____

Other Colleges or Universities Attended (Transcripts must be on file if credits are being used. We are not liable for an evaluation unless official transcripts are submitted):

Name	Dates Attended	Name	Dates Attended

- DD 214 must be on file for military credits to be awarded for Health Education.

♦ List Courses Now in Progress at Another College or University:

Descriptive Title and Course Number	Units	School or College

NOTE: HONORS ARE BASED ON THE CUMULATIVE GPA THROUGH THE FALL SEMESTER OF THE ACADEMIC YEAR THE DEGREE IS AWARDED.

TO QUALIFY FOR THE DEGREE DURING THE SEMESTER OF APPLICATION, ALL REQUIREMENTS, INCLUDING GRADE CHANGES AND/OR INCOMPLETE GRADES MUST BE COMPLETED DURING THE SEMESTER WHEN THE STUDENT APPLIED FOR THE DEGREE.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Date _____ Signature _____