



Certificate Application

Office Use Only

Staff _____

Date _____

Submit this form to Admissions and Records Office. See LBCC's [Academic Calendar](#) on the college website for application deadlines. Please monitor your email for updates regarding your application.

REQUIRED INFORMATION

Name: _____ Student ID#: _____
Other Names Used: _____ Birthdate (MM/DD/YY): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Phone #: _____

FIELD OF CONCENTRATION: For a complete listing of programs of study and plan codes, go to www.lbcc.edu/curriculum-guides.

List the Name of Certificate	Plan Code	Type of Certificate
1		___ Achievement ___ Accomplishment ___ Completion
2		___ Achievement ___ Accomplishment ___ Completion

For which term and year are you submitting this application for? ___ Fall ___ Spring ___ Summer Year: _____

Have you previously applied for graduation? ___ Y ___ N If yes, for what term and year? _____

Please indicate other credits you have earned that may apply to your certificate: ___ AP ___ DD214 ___ Credit by Exam

OTHER COLLEGES AND UNIVERSITIES

Names of All Other Colleges & Universities Attended	Dates Attended	Have you submitted official transcripts?	Have you previously submitted a transcript evaluation request?
		Yes No	Yes No
		Yes No	Yes No
		Yes No	Yes No

COURSES CURRENTLY IN PROGRESS AT ANOTHER COLLEGE OR UNIVERSITY

Name of College or University	Course Subject & Number	Descriptive Title	Units

I have read all the information above. I understand that I should monitor my email regularly for updates regarding my application. I certify that the statements above are true and correct to the best of my knowledge.

Signature _____

Date _____