

Degree Application

Office Use Only
Staff
Date

Submit this form to Admissions and Records Office. See LBCC's <u>Academic Calendar</u> 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 pla	an codes, go to	www.lbcc.edu/cu	ırriculum-guides.	
List the Name of Degree Requested	Plan Code	Degree Typ	oe e	GE Plan		
1	_		AA-T B:	LBCC GE for AACSU-GE Breadt	h for AA-T/AS-T	
2			AA-T B:	A: LBCC GE for AA/AS B: CSU-GE Breadth for AA-T/AS-T C: IGETC for AA-T/AS-T		
For which term and year are you submitting this Are you requesting a retroactive degree? Have you previously applied for graduation? Will you continue attending LBCC after this degree elements are indicated other credits you have earned.	YNYN gree?Y _	If yes, for wh If yes, for wh N Sele	nat term and yean nat term and yean ct a new major:	ar? ar?	ear:	
Names of All Other	Dates		ou submitted		eviously submitted	
Colleges & Universities Attended	Attended	official	transcripts?	a transcript e	valuation request?	
		Yes	No	Yes	No	
		Yes	No	Yes	No	
		Yes	No	Yes	No	
COURSES CURRENTLY IN PROGRESS AT A	NOTHER COLLEGE	OR UNIVER	SITY	1		
Name of College or University		Course Subject & Number		Descriptive Title		
I have read all the information above. I unde application. I certify that the statements abo					garding my	