



OFFICE OF THE REGISTRAR
366 Luna Drive • Las Vegas, NM 87701
(505) 454-5314 • (800) 588-7232 ext. 1224 • FAX (505) 454-5348 • registrar@luna.edu

Application for Degree

Print name neatly as you want it to appear on your diploma

(A \$15, one time, non-refundable Graduation Fee will be assessed to your student account which must be paid at the time this is submitted)

LCC ID#: _____ Date of Birth: _____ Intended graduation semester: ___ Fall ___ Spring
___ Summer 20___

(Print) _____
(First name) (Middle) (Last)

Address where diploma will be mailed: _____

City, State & Zip Code: _____

Phone: _____ Email: _____

Catalog year: ___ 2012-2015 ___ 2015-2018 ___ 2018-2020

Degree/Certificate: ___ AA ___ AS ___ AAS ___ AGS ___ Certificate

Major 1: _____ Major 2: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Advisor Name _____ Date: _____
(Signed) (Printed)

By submitting & signing this form, you are granting permission to be listed on the annual graduation list. If you choose not to be listed please contact the Office of the Registrar