

GRADUATION CLEARANCE

Instructions: Return this completed form to the Office of the Registrar. Failure to submit it by the end of the term will cause a delay in processing your diploma or certificate.

Name: _____ LCC ID# _____

Term of Graduation Fall Spring Summer

Year of Graduation: 2016 2017 2018 2019

Circle the number of certificates and/or degrees you will be receiving: **1 - 2 - 3**

Please specify the following for each program you have petitioned for:

<u>Name of Program</u>	<u>Diploma Type</u>
_____	Degree _____ Certificate _____
_____	Degree _____ Certificate _____
_____	Degree _____ Certificate _____

REQUIRED CLEARANCES

Student
Success Center: _____ **Date:** _____

Admissions Office: _____ **Date:** _____

Preschool: _____ **Date:** _____


Financial Aid: _____ **Date:** _____

Business Office: Student Account

Grad Fee Paid: YES Amount Paid: _____ Date Paid: ____/____/____

Receipt #: _____

Financial Clearance Stamp



Business Office: _____ Date: _____