

## Petition to Graduate

Name:SSN:						
	(as to appea	r on diploma)				
Manning Addites	<b></b>	(address where you	want your diplor	na mailed)		
City		State	Zip	Phone	Phone # (day-time)	
Major:						
Diploma Type:	Certificate	AA	_ AS	AAS	AGS	
Semester and ye	ear of matricula	tion: (very first semeste	er you began attenc	ling LCC)	/	
Catalog requesti	ing to graduate	under: >>>> See polic	y on page 44 of 2	2012-2015 C	atalog<<<<	
	2009-2012	□ 2012-2015	□ 2015-2018	□ 201	18-2020	
Antic	cipated Term of	f Graduation	Anticip	oated Year of	Graduation	
□ Fall □ Spring □ Summer			□ 2015 □ 2016 □ 2017 □ 2018			
_	1	complete requirements for			•	
Course #	Course Title	е	Course #	Course T	itle	
Student Signatur	re	Date	Advisor Signati	ure	Date	
Office of the	e Registrar Us	se Only:				
		<del></del>	C	Program Completion Date:		
				-		
Graduation GF	PA:	Graduation Hond	ors:summa	magna	cum laude	
Status Change	ed to ALUM: Y	/ES Hone	ors Posted: YES_	PTI	<b>&lt;</b> :	
Posted by:		Verified by:	/: Date Mailed:			