



Petition to Graduate

Name: _____ SSN: _____
 (as to appear on diploma)

Mailing Address: _____
 (address where you want your diploma mailed)

City _____ State _____ Zip _____ Phone # (day-time) _____

Major: _____

Diploma Type: Certificate _____ AA _____ AS _____ AAS _____ AGS _____

Semester and year of matriculation: (very first semester you began attending LCC) _____/_____

Catalog requesting to graduate under: >>>> **See policy on page 44 of 2012-2015 Catalog** <<<<

2006-2009 2009-2012 2012-2015

Anticipated Term of Graduation:

Fall Spring Summer

Anticipated Year of Graduation:

2012 2013 2014 2015

Note: A non-refundable graduation fee of \$15.00 is charged for each degree and/or certificate. The graduation fee as well as all other debts are to be paid prior to graduation during the graduation clearance process.

Remaining Courses:

List remaining courses needed to complete requirements for graduation as determined by you and your academic advisor:

Course #	Course Title	Course #	Course Title

Student Signature _____ Date _____ Advisor Signature _____ Date _____

Office of the Registrar Use Only:

Conferred By: _____ Date: _____ Program Completion Date: _____

Graduation GPA: _____ Graduation Honors: ___ *summa* ___ *magna* ___ *cum laude*

Status Changed to ALUM: YES _____ Honors Posted: YES _____ PTK: _____

Posted by: _____ Verified by: _____ Date Mailed : _____