



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 Credentials/ Graduation Clearance Form
Print your 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 for EACH degree/certificate which must be paid at the time this is submitted)

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

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

Note: Please print your name as you would like it to appear on your degree or certificate.

Address where diploma will be mailed: _____

City, State & Zip Code: _____

Phone: _____ Email: _____

Catalog year: _____ 2024-2025

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

Major 1: _____ Major 2: _____

****Please check off the following area if you would like to participate in the upcoming Graduation Ceremony: ___ Y ___ N**

Student Signature: _____ Date: _____

Business Office: Student Account

Academic Advisor: _____ Date: _____

If Student requires a Substitution for completion please attach to Application at the time of submission.

Fiscal Office: _____ Date _____ Grad Fee \$ _____

Receipt # _____ **Financial Clearance Stamp**


ALL SIGNATURES ARE REQUIRED