Luna Community College

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 GRADUATION

ALL FIELDS ON THIS FORM ARE REQUIRED.

LCC ID #: _____ **Date of Birth: Month** _____ **Day** _____ **Year** _____

Diploma Name: _____
First *Middle* *Last*

Diploma Address: _____

City, State, & Zip Code: _____

Phone: _____ **LCC Email:** _____@student.luna.edu

Term & Year of Expected Graduation: **Fall 20**_____ **Spring 20**_____ **Summer 20**_____

Type of Credential: ☐ **AA** ☐ **AS** ☐ **AAS** ☐ **AGS** ☐ **Certificate**

Major 1: _____ **Major 2:** _____

Certificate 1: _____ **Certificate 2:** _____

Student*: By signing this form, you are granting permission to be listed in all public listings of this event published by the college in all mediums and forms. You also certify that you have submitted all updated official transcripts for analysis, course substitutions in consultation with your department representative, and any other supporting documentation for you credential clearance. You also understand that must pay a one-time, non-refundable graduation fee of $15 per award; which must be paid along with all other financial or other obligations due to the college prior to your credential being issued.*

Student Signature: _____ **Date:** _____

Academic Program Representative*: By signing this form, you are verifying that you have reviewed the students academic record for credential completion. You also certify that the student either has all coursework complete or will complete the remaining credits within the term in which they wish to graduate.*

Academic Program Representative: _____ **Date:** _____

For Finance Office Use:

Graduation Fee Paid: $_____ Receipt Number: _____

Staff Signature: _____ Date: _____

Financial Clearance Stamp Here