



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](mailto:registrar@luna.edu)

### Application for Degree

#### Print 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 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)

Address where diploma will be mailed: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Catalog year: \_\_\_\_ 2015-2018 \_\_\_\_ 2019-2021

Degree/Certificate: \_\_\_\_ AA \_\_\_\_ AS \_\_\_\_ AAS \_\_\_\_ AGS \_\_\_\_ Certificate

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Advisor Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed) (Printed)

**\*\*By submitting & signing this form, you are granting permission to be listed on the annual graduation list. If you choose not to be listed please contact the Office of the Registrar\*\***