Lawson State COMMUNITY COLLEGE

Application for Graduation

Please indicate by checking the box as to how your award will be retrieved:
☐Pick-up ☐Mail (The College will only mail awards once, make sure address is current.)

PLEASE PRINT **(*as it appears on your degree plan and transcript.)**

NAME: _____ **STUDENT NUMBER:** | | | | | | | |

PLEASE PRINT YOUR NAME **AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE OR DEGREE** THE BOX BELOW

Mailing Address: _____
STREET/BOX NUMBER CITY STATE ZIP

_____ Telephone Number

_____ Catalog Following for Graduation

_____ Semester/Year
Term requirements to be completed

Diploma Type: ☐**AA** ☐**AS** ☐**AAS** ☐**AOT** ☐**CER** ☐**STC (Short-term)** Program of Study _____

ATTACH A COPY OF YOUR DEGREE PLAN TO THIS FORM

***LIST COURSES NEEDED TO COMPLETE REQUIRMENTS**			
LIST COURSES CURRENTLY TAKING THAT **ARE INCLUDED** IN YOUR DEGREE PLAN **ONLY** TERM _____		LIST COURSES **NEEDED** TO COMPLETE REQUIREMENTS ***OTHER THAN*** **THOSE LISTED TO THE LEFT** TERM _____	

** - A "Course Substitution Form" must be approved for **each** substitution **before** the student registers for the course. Forms may be obtained from the Office of the Vice President or Admissions & Records.*

Are you currently enrolled? ☐YES ☐NO If no, list last term enrolled_____ **You must have been enrolled within one year.**

Have you applied for graduation before? ☐YES ☐NO If yes, when?_____ Are you a member of Phi Theta Kappa? ☐YES ☐NO

Do you plan to participate in the graduation ceremony? ☐YES ☐NO

I verify that I will meet the requirements for my degree or certificate as prescribed in my degree plan in the manner stipulated above. I further verify that I am hereby aware that it is my responsibility to inform the Office of Admissions & Records when the final course **is completed *if the program of study requirements are not met by the time specified above***. I am aware that the current graduation fee is **$40.00**. **THIS FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.** (NOTE: Please pay the fee to the Business Office ***before*** submitting this application to the Vice President's Office and attach a copy of graduation fee receipt.)

_____
Signature of the Applicant Date

Records use only

Graduation Status **(32 or more hours)**
□ Cum Laude (3.5 – 3.69) **CL**
□ Magna Cum Laude (3.7 – 3.89) **ML**
□ Summa Cum Laude (3.9 – 4.0) **SL**
□ Distinction – Certificate only (3.5-4.0) **DI**

Cumulative GPA
_____

PROCESSING HOLD(S): _____
_____
_____

If candidate is not eligible list reason(s):_____
_____

The candidate has met all requirements and the graduation record has been updated.

_____
Signature of the Registrar/Designee Date

The candidate is eligible for graduation upon completing all curricular at the end of the

_____
SEMESTER YEAR

2.0 GPA Requirement met? ☐Yes ☐No; (If *No*, do not submit)

_____
Signature of Academic Advisor Date

_____
Signature of Department Chairperson Date

The program of study and courses listed correspond with the College's degree plan for the specified program of study and the candidate is approved pending fulfillment of all requirements.

_____
Signature of Vice President for Instructional Services Date

Please make photocopies as necessary

Revised: 4/08