



Graduation Planning Summary & Application

Semester & Year courses will be complete: _____

Current Grade Point Average (GPA) _____

1. Name: _____

ID #: _____

Last

First

MI

EX. 10XXXX

2. Please * P R I N T * the name you want to appear on your diploma:

3. Mailing Address:

Street 1: _____

Street 2: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

4. Program(s) of Study: *(Check all that apply)*

Associate of Arts

- Liberal Education
- Indigenous Leadership
- Early Childhood Education
- Liberal Education w/STEM Emphasis

Dipolma

- Residential Carpentry

Associate of Science

- Forest Ecology
- Earth Systems Science

Associate of Applied Science

- Business Management
- Law Enforcement
- Intergrated Residential Builder

Graduation fee:

- Please deduct the \$30 non-refundable graduation fee from my Spring Semester scholarships/grants
- Graduation fee payment included with application

*(**You are required to pay with Cash or Money Order if submitting this after the Graduation Application Due Date.)*

Commencement:

- Yes, I will be participating in Graduation exercises
- I do not wish to participate in commencement exercises at the end of Spring Semester

Note : *Spring Commencement information will be available for students in early April; you will be contacted with additional information regarding the commencement ceremony at that time. Students who graduate during the prior fall or subsequent summer term are invited to the spring ceremony with the spring semester graduates. Students must be within 1 (One) course of graduation in order to participate in the graduation ceremony.*

Future Plans:

- I have plans to transfer to a 4-year University @ _____
- I have plans to find employment with _____
- LLTC enhanced my employment skills, I will continue working for: _____
- Other: _____

Additional Information:

- Communication will be relayed via Email or Text (Number: _____)
- Diplomas will be available for pick up 1 (one) week after graduation
- Library fees and books must be returned prior to Graduation.
- You will be required to complete a Graduating Student Survey prior or on Graduation.

Student Signature: _____ **Date:** _____

Advisor Use Only

Total Credits Transferred () Total Credits Completed () Total Credits Yet to Complete ()
 Remedial/Developmental courses? Yes No
 Comments:

Advisor Signature: _____ Date: _____

Registrar Use Only

Plan Approved () Plan Disapproved () Date Diploma Received: _____
 Comments:

Registrar Signature: _____ Date: _____