



**NORTHWEST**  
LOUISIANA TECHNICAL COLLEGE

SA200.3

# APPLICATION FOR GRADUATION

NOTE: Candidates must meet all requirements for graduation and clear all financial obligations to the College prior to issuance of diploma.

**INSTRUCTIONS: 1. COMPLETE ALL INFORMATION. 2. PRINT ALL INFORMATION LEGIBLY.**

Print student's name as it appears on our records \_\_\_\_\_ Banner ID \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Telephone Number Alternate Telephone Number Date of Application

**CHECK HERE IF YOU WANT YOUR NAME PRINTED DIFFERENTLY THAN IT APPEARS ON YOUR STUDENT RECORDS.**  
(Documentation to support this change must be supplied with this form.)

**Name as it should appear on diploma:** \_\_\_\_\_  
First Middle Last (include suffixes, Jr. Sr. II, etc.)

**Please list other names used as a student:** \_\_\_\_\_

### EDUCATIONAL INFORMATION

Date of High School Graduation: \_\_\_\_ / \_\_\_\_  Date of GED Received: \_\_\_\_ / \_\_\_\_  Non-High School Graduate  
Month Year Month Year

Dates of Attendance at LTC: From: \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ **Academic Program Major:** \_\_\_\_\_  
(S/Y) (S/Y)

Please list any semesters of non-attendance (excluding summers): \_\_\_\_\_

### Check which you are applying for:

- Associate of Applied Science
- Certificate of Technical Studies
- Technical Diploma
- Technical Competency Area

<b>Expected Month/Year of Completion</b> (Please check one)	
<input type="checkbox"/> Fall (December Graduation)	Year: _____
<input type="checkbox"/> Spring (May Graduation)	Year: _____
<input type="checkbox"/> Summer (December Graduation)	Year: _____

Height \_\_\_\_\_

Weight \_\_\_\_\_

If any classes are waived or substituted, approved Course Substitution/Waiver forms must be on file in the Student Affairs Office.

COMMENCEMENT CEREMONY: Do you plan to participate in the commencement ceremony? Yes  No

If you **do NOT** plan to attend the Commencement Ceremony, please check the appropriate box:

Will pick up

Please mail to: (please provide address) \_\_\_\_\_

Permission to use your name in the commencement program and/or news releases? Yes  No

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

### For Admissions and Records Use Only

**Date Received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Received by:** \_\_\_\_\_