



Policy Name:	Application for Graduation
Policy Number:	2.019a
Effective Date:	June 1, 2007
Date of Last Revision:	July 24, 2019
Functional Area:	Student Services

**Application for Graduation**

Candidates must meet all requirements for graduation and clear all financial obligations to NLTC prior to issuance of a diploma. All Information must be completed in entirety and must be legible.

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

\_\_\_\_\_  
 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**

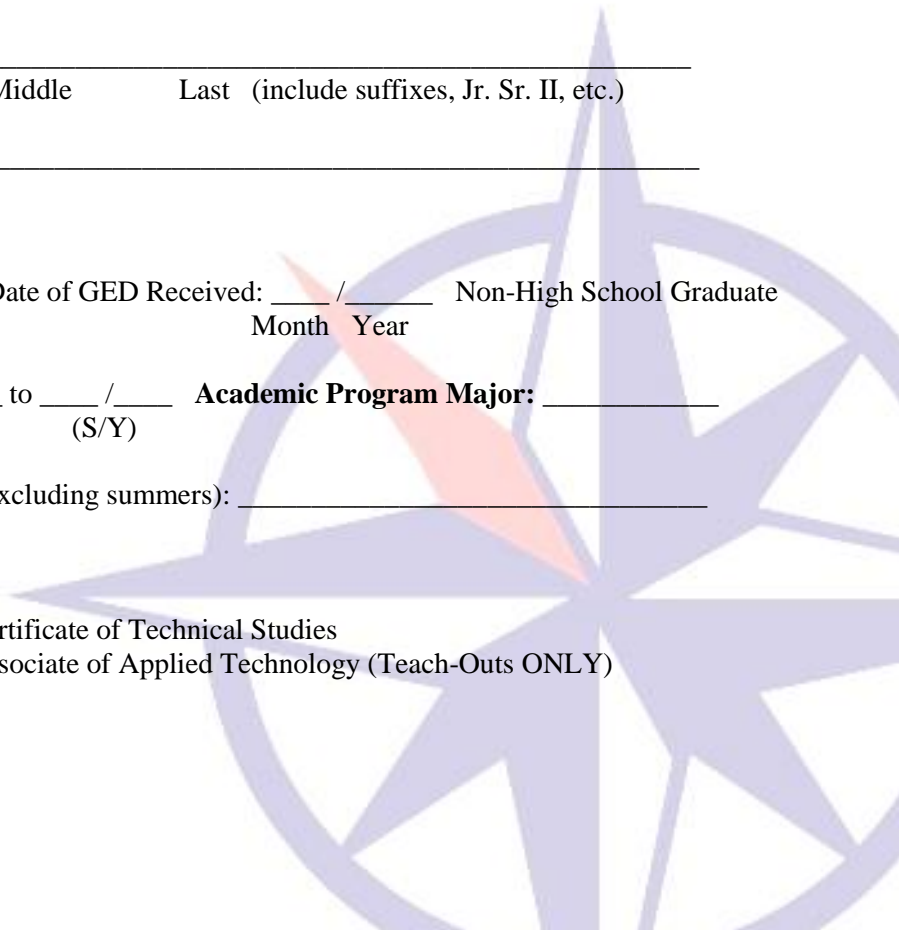
Date of High School Graduation: \_\_\_\_ / \_\_\_\_ Date of GED Received: \_\_\_\_ / \_\_\_\_ Non-High School Graduate  
 Month Year Month Year

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
- Associate of Applied Technology (Teach-Outs ONLY)



**Expected Month/Year of Completion (Please check one)**

- Fall (December Graduation)      Year: \_\_\_\_\_
- Spring (May Graduation)      Year: \_\_\_\_\_
- Summer (December Graduation)      Year: \_\_\_\_\_

**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** \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved:



Dr. Jayda Spillers

Chancellor

