

Lincoln Land Community College Graduation Application

Demographic Information – Please print name exactly as you wish it to appear on your diploma.

Name: _____

Student ID# or SS# _____

Contact Information — Note: This is the address where all degree and/or certificate information will be mailed. You must notify our office if you wish to change the address in the future.

Address: _____

City/State/Zip: _____

Phone:(_____)_____ E-mail Address: _____

Program Information — Check the term and write the year in which you will complete your degree or certificate:

Fall Semester Spring Semester Summer Semester Year: _____

Academic program code (check one and add a field of study if applicable).

Associate in Arts

Associate in Science

Associate in Engineering Science

Associate in General Education

Associate in Applied Science: field of study (example: Accounting) _____

Certificate of Achievement: field of study (example: Paramedic) _____

Certification of Completion: field of study (example: CNA) _____

College/University and Course Substitution Information

- Have you submitted all official college transcripts from other institutions that you wish to apply towards your degree or certificate?

Yes No

- Have you submitted any course substitution petitions (Does not apply to AA or AS degrees)?

Yes No

I understand that withholding information requested on this application or giving false information may make me ineligible for graduation. I certify that the above statements are correct and complete.

Signature: _____ Date: _____

PRELIMINARY EVALUATION:

OFFICE USE ONLY – Do not write below

	ATTEMPTED	EARNED	GRADE POINTS	GPA	GPA REQ MET
TRANSFER HOURS	_____	_____	_____	_____	
LLCC HOURS	_____	_____	_____	_____	_____
CURRENT TOTALS	_____	_____	_____	_____	_____
RESIDENCY REQUIREMENT MET:	YES _____		IF NO, TERM _____		

COURSE(S) IN PROGRESS:

TERM:	COURSES	CREDITS	GRADE
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
TERM:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	TOTALS	_____	_____

OFFICE INFORMATION:

START TERM _____ CATALOG YEAR _____ ANTICIPATED COMPLT DATE _____

EXCEL GRAD LIST _____ STRK NOTES _____ EMAIL _____ ELIGIBLE FOR 2nd DEGREE? YES _____ NO _____

COURSE SUBSTITUTIONS: ENTERED ON EXOV: Yes No

EVALUATOR _____ DATE _____

COMPLETION TOTALS:

	REQUIRED	EARNED	GPA	GPA REQ MET	Circle One: HIGH HONORS
LLCC	_____	_____	_____	_____	
OVERALL	_____	_____	<div style="border: 2px solid black; width: 40px; height: 20px; display: inline-block;"></div>	_____	HONORS
GRADUATE: YES _____ NO _____					NONE
MOVE TO NEXT TERM _____	GECC COMPLETE? YES _____ NO _____				

EVALUATOR _____ DATE _____