

**LOUISIANA DELTA COMMUNITY COLLEGE  
GRADUATION CERTIFICATE/DIPLOMA INFORMATION FORM**

STUDENT ID NUMBER: \_\_\_\_\_

HOME CAMPUS: \_\_\_\_\_ SEMESTER OF GRADUATION \_\_\_\_\_ 20\_\_\_\_

**CERTIFICATE/DIPLOMA INFORMATION:**

**PRINT/TYPE YOUR LEGAL NAME AS IT IS TO APPEAR ON YOUR CERTIFICATE/DIPLOMA**

First Name	Middle Name	Last Name

(Check One)  **ASSOCIATE DEGREE**  **TECHNICAL DIPLOMA**  **CERTIFICATE**  **TCA**

\_\_\_\_\_

CERTIFICATE/DIPLOMA/DEGREE TITLE

Major Concentration *	Minor Concentration *

\* If Applicable

**PUBLICITY INFORMATION**

Hometown	Home State	Home Parish	Home Town Newspaper

**ADDITIONAL SERVICES**

Will you require special accommodations to fully participate in the graduation exercise?

Wheel Chair Ramp  Guide  Interpreter  Other \_\_\_\_\_

**PARTICIPATION IN CEREMONY**

Will you participate ("walk") in the commencement ceremony?  YES  NO **IMPORTANT:** If your decision in this matter changes, Please notify the Office of Enrollment Services.

**SUMMER & FALL GRADUATES:** Because there is no summer or fall commencement ceremony, you are invited to participate in the spring ceremony which follows your summer or fall degree conferral . Therefore, please answer the participation question above accordingly.

**BY MY SIGNATURE I AM APPROVING THE NAME/DEGREE INFORMATION PROVIDED TO BE PRINTED ON MY CERTIFICATE/DIPLOMA**

Student Signature	Date:		
Address	City	State	Zip
Telephone Number	Non-Delta Email Address		

**Diploma Mailing Address:**

Address	City	State	Zip