

LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs · Department of Enrollment Services

Request for Official Certificate or Diploma

Name in which your credential was/is to be awarded in:

(Please type or print) _____

*Must be the legal name of record or be comprised from the legal name of record at time the credential was awarded. (ex: Mary Ann Smith or Mary A. Smith or Mary Smith). Suffix such as Jr., Sr., II, III, cannot be added if they were not part of your permanent name of record at the time your credential was awarded.)

CWID: _____ SSN: _____ Date of Birth: _____

DIPLOMAS:

- TD – Technical Diploma
- AALT – Associate of Arts Louisiana Transfer
- AAS- Associate of Applied Science
- AGS – Associate of General Studies
- AS – Associate of Science
- ASLT – Associate of Science Louisiana Transfer

CERTIFICATES:

- TCA - Technical Competency Area
- CGS – Certificate of General Studies
- CTS – Certificate of Technical Studies

Campus that awarded my credential:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Bastrop | <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Ruston | <input type="checkbox"/> Tallulah/Lake Providence |
| <input type="checkbox"/> West Monroe | <input type="checkbox"/> Winnsboro |

Semester/Year the credential was awarded: Spring _____ Summer _____ Fall _____ (ex: Spring 2014)

Mailing Address: ***(NO P.O. Boxes - Must Be a Physical Address for UPS delivery)**

Street Name and Number _____

City, State, Zip Code _____

Daytime Phone Number: _____

Personal E-mail Address: _____

Signature (required): _____ Date: _____

(Student's signature is required)

Payment can be made in person at the Bursar's Office on the main campus or Cashier's Office on satellite campuses.

The cost for each copy/additional copy of a credential is \$15.00. (per each copy ordered).

Payment method: _____ **check or money order enclosed**
_____ **please assess fee(s) and I will contact the Bursar's Office at 318-345-9133 with payment information**

Submit completed form along with payment (check or money order payable to LDCC):

Louisiana Delta Community College

Enrollment Services Office ATTENTION: Trish Warren

7500 Millhaven Rd

Monroe, LA 71203

FAX NUMBER: 318-345-9002

For additional information call: Trish Warren 318-345-9131