

LOUISIANA DELTA COMMUNITY COLLEGE

GRADUATION/DIPLOMA INFORMATION FORM

STUDENT ID NUMBER _____ - _____ - _____ DATE _____

DIPLOMA AND CAP AND GOWN INFORMATION

PRINT YOUR LEGAL NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA:

First Name Middle Name Last Name

CAP AND GOWN SIZE: HEIGHT _____ WEIGHT _____

DEGREE INFORMATION

DEGREE TITLE _____

MAJOR CONCENTRATION MINOR CONCENTRATION

PUBLICITY INFORMATION

Hometown Home State Home Parish/County Home Town Newspaper

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

Student Signature Date

Address _____ City _____ State _____ Zip _____

Day Phone Alternate Phone Cell Phone