LOUISIANA DELTA COMMUNITY COLLEGE
GRADUATION APPLICATION

Please Print:

Name_____ Student ID_____

Address _____City_____ State _____ Zip_____

Home Telephone_____ Cell_____ Other_____

_____

DEGREE TITLE _____

_____ _____

MAJOR CONCENTRATION MINOR CONCENTRATION

Anticipated date of completion: _____

Month/Year

COURSES REQUIRED TO GRADUATE (in which registered)

Sequence Number	Class Number	Course Name	Credit Hours

The student is responsible for:

1. Knowing and completing all requirements established for his/her degree by the college. The advisor may not assume these responsibilities.
2. Completing and signing the official degree audit with the advisor at early registration the semester before you anticipate graduating.
3. Verifying course availability and registering for the necessary courses.

There is no guarantee that courses needed to graduate will be offered during your final semester. ***Necessary courses will not be added after the add/drop period has ended.*** *Any substitution, waiver or exemption from any established requirements or academic standards may be accomplished only with the approval of the Dean of Arts and Sciences and the Vice Chancellor for Academic Affairs.*

I acknowledge that if I make any changes in my schedule, graduation date, degree, or any other detail of my graduation, I must receive approval of my advisor and the Dean of Arts and Sciences in order to remain a candidate for this degree. Any changes not approved may result in my not graduating on the date listed above and/or any other penalty that the College may impose. In the event that I do not meet the graduation requirements, it is my responsibility to repeat all of these procedures before the semester I anticipate graduating. I am responsible for checking on all graduation details with my advisor during my final semester of enrollment.

_____ _____

Student Signature Date Advisor Signature Date