

LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs · Department of Enrollment Services

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 *

* If Applicable

Minor Concentration *

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 GRADUATE ONLY: Because there is no summer commencement ceremony, you are invited to participate in the fall ceremony which follows your summer 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 (This MUST be a Physical Address since it will be mailed by UPS)

Address

City

State

Zip