



Lurleen B. Wallace Community College

APPLICATION FOR GRADUATION

PLEASE PRINT YOUR NAME EXACTLY AS YOU WANT IT TO APPEAR ON YOUR AWARD.

FIRST NAME MIDDLE/MAIDEN LAST Student ID_____

ADDRESS CITY STATE ZIP CODE

INDICATE BELOW THE AWARD TO BE ORDERED **TERM OF COMPLETION**

- ASSOCIATE IN ARTS FALL, 20__
- ASSOCIATE IN SCIENCE SPRING, 20__
- ASSOCIATE IN APPLIED SCIENCE IN _____ SUMMER, 20__
- CERTIFICATE IN _____

GRADUATION CEREMONY

I WISH TO PARTICIPATE

I DO NOT WISH TO PARTICIPATE*

*YOUR AWARD WILL BE MAILED TO THE ABOVE ADDRESS UPON COMPLETION OF ALL REQUIREMENTS.

STUDENT'S SIGNATURE _____
DATE

FOR OFFICE USE ONLY
AMOUNT PAID _____
RECEIVED BY _____
DATE DEGREE POSTED _____
DATE DEGREE MAILED _____