



# Student Application for Graduation

<b>Office Use:</b>	
Business	Liberal Arts
Nursing/Allied Health	
STEM	Workforce

Complete this application and turn it in to the Registrar's Office or email the form to [registrar@solacc.edu](mailto:registrar@solacc.edu).

All fields must be completed in blue or black INK; please indicate if mailing address has changed.

Student Information – Please Print							
Last Name		First		M.I.		Date	
Street Address						Apt./Unit #	
New? _____							
City		State		ZIP		Campus	
Date of Birth			SLCC E-mail Address:	<b>@my.solacc.edu</b>			
Student ID							
If you are having trouble accessing your student email account, contact the IT Department immediately – (337) 521-8940; <a href="mailto:itsupport@solacc.edu">itsupport@solacc.edu</a>							
Home Phone				Cell Phone Number			

Print name exactly as it should appear on diploma:

Please indicate which Commencement Ceremony you will attend:

- SPRING Grad (MAY)     
 SUMMER Grad walking in MAY\*     
 SUMMER Grad (December ceremony)  
 FALL Grad (DECEMBER)     
 Not Participating in Ceremony     
 Undecided

\*Please complete the Authorization to Participate in Commencement form (available in Registrar's Office)

Note: Non-participating graduates may pick up awards in Registrar's Office after commencement ceremony has occurred

<b>Expected Time of Completion</b> (Please check one) <input type="checkbox"/> <b>Fall Semester</b> Year: _____ <input type="checkbox"/> <b>Spring Semester</b> Year: _____ <input type="checkbox"/> <b>Summer Session</b> Year: _____ (Summer completers wishing to walk in Spring must complete Authorization form; see information above*)  <b>Major:</b> _____ <b>Please check LoLA to make sure your Major is correct. See below.</b>	<b>Check the credential for which you are applying:</b> <input type="checkbox"/> Associate of Arts <b>AA-Louisiana Transfer</b> <input type="checkbox"/> Associate of Science <b>AS or AS-Louisiana Transfer</b> <input type="checkbox"/> Associate of Applied Science <b>AAS</b> <input type="checkbox"/> Associate of Applied Science - <b>Technical Studies</b> <input type="checkbox"/> Associate of General Studies <b>AGS</b> <input type="checkbox"/> Certificate of General Studies <b>CGS Term</b> _____ <input type="checkbox"/> Certificate of Technical Studies <b>CTS</b> <input type="checkbox"/> Technical Diploma <b>TD</b>
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PLEASE READ Student Acknowledgment CAREFULLY!

I grant permission for Registrar to change my major according to program requirements met (Note: Change of Major may affect eligibility for Financial Aid); I must meet all requirements for graduation and clear all financial obligations to the college prior to receipt of an SLCC degree/diploma /certificate. I will be notified about degree requirements and graduation status via my SLCC student e-mail address ([studentusername@my.solacc.edu](mailto:studentusername@my.solacc.edu)). Contact [ITsupport@solacc.edu](mailto:ITsupport@solacc.edu) if you are unable to access your account.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR DIVISION USE ONLY</b>	<b>COMPLETED CURRICULUM SHEET MUST BE ATTACHED TO THIS APPLICATION</b>
Listing Pending Courses*: _____	Graduation Approval: ____ YES ____ NO <input type="checkbox"/> Meets 25% Residency Requirement
_____	Signature of Department Chair/Faculty Advisor _____ Date _____
_____	Signature of Dean _____ Date _____

\*Only list courses needed for graduation

**REGISTRAR'S OFFICE USE ONLY**

Transcript on File ____ Yes ____ No Honors _____ Contact _____ Banner _____ DoD _____	Notes: _____ _____ _____ Awarded ____ Printed ____ Scanned ____ Registrar's Office _____ Date _____
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