

Complete this application and turn it in to the Registrar's Office or email the form to registrar@solacc.edu.

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

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

Print name exactly as it should appear on diploma: _____

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

***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

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

I grant permission for the Registrar's Office to change my program according to program requirements met (Note: Change of Program/Degree Plan 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@mv.solacc.edu). Contact ITsupport@solacc.edu if you are unable to access your account.

Signature of Student

Date

<p>FOR DIVISION USE ONLY</p> <p>Listing Pending Courses*: _____</p> <p>_____</p> <p>_____</p> <p>*Only list courses needed for graduation</p>	<p style="text-align: center;">COMPLETED DEGREE PLAN MUST BE ATTACHED TO THIS APPLICATION</p> <p>Graduation Approval: ___ YES ___ NO <input type="checkbox"/> Meets 25% Residency Requirement</p> <p>_____ Signature of Department Chair/Designee Date</p> <p>_____ Signature of Dean Date</p>
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REGISTRAR'S OFFICE USE ONLY	
<p>Transcript on File ___ Yes ___ No</p> <p>Honors _____</p> <p>Contact _____</p> <p>Banner _____ DoD _____</p>	<p>Notes: _____</p> <p style="text-align: center;">Awarded ___ Printed ___ Scanned ___</p> <p>Denial Notes: _____</p> <p>_____</p> <p>Registrar's Office _____ Date _____</p>