

For Office Use: Evaluation Status On Track Important Notice Sent Student Grouped



LFCC Application for Graduation

Complete all items and submit this application to the Admissions and Records Office.

Your NAME will be printed on your diploma as it appears below.

If any changes occur after submitting this application, please notify the Admissions and Records Office.

Changing your name on your records does not automatically change your application for graduation.

You must inform the Admissions and Records Office of your intent.

Name

(Please print) _____
Last First Middle and/or Former (as you desire)

Address

Campus Fauquier Middletown

E-mail Address _____@email.vccs.edu

We will contact you via your VCCS e-mail if any questions or concerns arise, so check your VCCS e-mail account often.

Student ID # _____

DOB (Date of Birth) ____/____/____

Phone (Home) _____

Phone (Work) _____

I plan to complete the requirements for graduation by (check one):

The end of the: 2009 Fall term 2010 Spring term 2010 Summer term

List as shown in the Catalog:

Type of Award Degree (AA&S or AAS), Certificate, or Career Studies Certificate	Plan (Major) Ex. Accounting, General Studies, Science, Management, Banking, etc.	Specialization (if applicable) Ex. Horticulture, Admin. Assistant, BIT, etc.	Office Use Only
1.			
2.			
3.			
4.			

IMPORTANT!!!

- Check any of the following that apply to you: I plan to attend Commencement in May 2010.
 I do **not** plan to attend Commencement.
 I am or will be a PTK member.
 I have I will have transfer credits from _____
 I have/will have completed ____ honors credits. **AND**
 I have I have not taken HUM 195 or ENG 195.
 (must have 9 honor credit hours plus honor seminar for the HPS* designation)

 Signature of Applicant

 Date

OFFICE USE ONLY

Requirements Completed	Term Completed	GPA	Honors	Certifying Signature	Date
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F____ <input type="checkbox"/> Sp____ <input type="checkbox"/> Su____		<input type="checkbox"/> CL <input type="checkbox"/> MCL <input type="checkbox"/> SCL		
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F____ <input type="checkbox"/> Sp____ <input type="checkbox"/> Su____		<input type="checkbox"/> CL <input type="checkbox"/> MCL <input type="checkbox"/> SCL		
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F____ <input type="checkbox"/> Sp____ <input type="checkbox"/> Su____		<input type="checkbox"/> CL <input type="checkbox"/> MCL <input type="checkbox"/> SCL		
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> F____ <input type="checkbox"/> Sp____ <input type="checkbox"/> Su____		<input type="checkbox"/> CL <input type="checkbox"/> MCL <input type="checkbox"/> SCL		