



LAKE ERIE COLLEGE

GRADUATION APPLICATION

Application Due Dates:
December 1st for Spring and Summer; May 1st for Fall
(Go to www.lec.edu/graduates for more information)

APPLICANT'S NAME _____ **Student ID Number** _____
(Please print how you wish your name to appear on your diploma)

Major(s) _____ **Minor(s)** _____ **Concentration(s)** _____

Degree: BA BS BFA MEd MBA MSPAS

Semester of degree completion: Fall _____ Spring _____ Summer _____
Year Year Year

Contact Info: _____
Street Address City State Zip Code

Cell or Home Telephone with Area Code _____ E-Mail (this will be our way of contacting you regarding graduation) _____

DO YOU PLAN TO ATTEND THE MAY COMMENCEMENT CEREMONY? Yes No

If Yes: Height _____ (This will be used to order your rental regalia, which will be handled through the Registrar's Office)
Participants receive 4 tickets for the ceremony

If you are a veteran, please indicate in which branch of the military you served. _____

If you do not plan to pick up your diploma at the commencement ceremony or in the Registrar's Office, please select the option below and we will mail your diploma to the address you indicated.
(If you have a hold on your account, we cannot release your diploma)

I would like my diploma mailed to the above address

Do you plan to continue into a Lake Erie graduate or licensure/endorsement program? Yes No

If Yes: Program of interest: _____ Anticipated semester of enrollment: _____

GRADUATION FEE: You will be billed the \$150 Graduation Fee regardless of participation in Commencement.

I understand that I am responsible for making sure I register for all of my required coursework.

Signature _____ Date _____

FOR OFFICE USE ONLY: Registrar's Office Verification	Date application received in Registrar's Office: _____
_____ Upon successful completion of your Summer / Fall / Spring _____ coursework, you will be all set to graduate. Year	
_____ You have the following requirements yet to complete _____	
_____ We need your official _____ transcript by _____ in order to confer your degree. Institution Date	
_____ Your requirements are met and your degree will be conferred at the end of this semester.	
Registrar's Office Signature _____	Date _____