



# LAKE ERIE

## COLLEGE

440.375.7010  
registrar@lec.edu

**Application Due Dates:**  
December 1<sup>st</sup> for Spring and Summer  
May 1<sup>st</sup> for Fall  
Visit [www.lec.edu/graduates](http://www.lec.edu/graduates) for more information

### GRADUATION APPLICATION

Applicant's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(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

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Graduation FEE: You will be billed \$150.00 regardless of participation in Commencement.**

**Do you plan to attend the May Commencement Ceremony?**  Yes  No  
(If you are graduating in December or August, you would participate in the May *following* your degree completion.)  
**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.** \_\_\_\_\_

I will pick up my diploma at the commencement ceremony or at the Registrar's Office.

**-OR-**

Please mail my diploma to the above address.

*\*If you have a hold on your account, we cannot release your diploma\**

**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: \_\_\_\_\_

Student Signature and 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 and Date