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File Name:

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LAVERNE	APPLICATION FOR GRADUATION		Date:
PLEASE PRINT YOUR NA	ME EXACTLY AS YOU	WISH IT TO APPEAR ON YOUR DIPLO	Amount Paid:
□ Mr.			Degree Sequence:
□ Ms. First Name	Middle Name	Last Name	Center/Location:
			Advisor:
Mailing Address			Commencement Year:
			ULV GPA:
City	State	Zip	OAGPA:
Hama Namhan (Alternative Number ()	Institutional Honor:
Home Number ()	Alter	maive Number ()	Degree Date:
ULV Student Identification Number			Diploma Date:
DEGREE INFORMATION	Date Post:		
			Posted By:
Degree	Major	Minor	Financial Hold: ☐ Yes ☐ No
Concentration		Date Diploma Mailed:	
INDICATE THE SEMESTE	R/TERM YOU PLAN TO	O COMPLETE YOUR FINAL COURSEWO	ORK TOWARD THIS DEGREE.
Fall January Year Year	ear WinterYear	Spring Summer Year Year	
Please indicate if you would like	to authorize the inclusion of	your name, academic honors, degree and major ir	all commencement ceremony related publications.
Please note if you check no your	name will not be printed in the	he commencement program and on the University	website.
Student Signature			Date