LDS BUSINESS COLLEGE

REQUEST FOR GRADUATION

Cashier's Use Only

Semester Applying For: ☐ Winter 20_____ ☐ Summer 20_____ ☐ Fall 20_____

Application Deadline: Last day of classes of the semester for which you are applying.

Name (as you would like it to appear on your diploma/certificate, **please print**):

_____
First Middle Last

Social Security Number:_____-_____-_____ Student ID Number: _____

Address you want your diploma/certificate mailed to: _____
Street Address

_____
City State Zip

Telephone:_____ E-mail:_____

Degree(s)/Certificate(s) which you are applying for:

Business
- ☐ Financial/Managerial Accounting Degree
- ☐ Business Degree
- ☐ Business Information Systems
- ☐ Accounting Certificate
- ☐ Professional Sales Certificate
- ☐ Windows Administration Certificate

Information & Office Technology
- ☐ Executive Assistant Degree
- ☐ Legal Administrative Assistant Degree
- ☐ Visual Communications Degree
- ☐ Office Technology Support Certificate
- ☐ IT Support Certificate
- ☐ Visual Communications Support Certificate

Interior Design
- ☐ Interior Design Degree
- ☐ Interior Design Sales Associate Certificate

Medical Careers
- ☐ Executive Medical Assistant Degree
- ☐ Medical Administrative Assistant Degree
- ☐ Medical Assistant Certificate
- ☐ Medical Office Assistant Certificate
- ☐ HIM: Coding Certificate
- ☐ HIM: Transcription Certificate

Associate of Science (Transfer Degrees)
- ☐ General Studies
- ☐ Associate of Science in Business

Please check boxes when completed then return application to Registration Office.
- ☐ **Pay application fee to Cashier**
- ☐ **Have a final academic advising session with your Academic Advisor**
- ☐ **Have exit interview with Financial Aid Officer**
- ☐ **Have exit interview with the Institute Director**
- ☐ **General Studies Majors Only: Take Post Assessment Test (Academic and Career Advising Services for details)**
- ☐ **Complete the Graduate Exit Survey on the Back of this Form**

Exit interview for Financial Aid: _____ _____
Signature of Financial Aid Officer Date

Academic Advisor:_____ _____
Signature of Academic Advisor Date

Institute Director:_____ _____
Signature of Institute Director Date

☐ **By checking this box I refuse to allow LDS Business College the use of images taken of me taken during my attendance at the College. (View complete details and text of Talent Release Form online at http://www.ldsbc.edu/Catalog/main.htm click on General Policies).**