

Return to: Business Office

Science Building, Room 111 LSU Eunice P.O. Box 1129 Eunice, LA 70535 busaffair@lsue.edu

NAME				
		SEMESTER/YEAR GRADUATING		
ADDRESS		LSUE Student ID#		
CITY	STATE ZIP	PHONE NUMBER		
····	=====	Home	Work/Cell	
PRINT NAME <u>EXACTLY</u> AS I	T IS TO APPEAR ON THE DI	PLOMA, INCLUDING ALL ACCENT MARKS, PUNCT	TUATION, AND SPACING:	
FIRST	MIDDLE (If des	ired) LAST	SUFFIX (Jr., Sr., III, Etc.)	
ASSOCIATE DEGREE TO	BE AWARDED (select o	<u>ne)</u> :		
Associate of Arts (LT) Busi		Associate of Science in the Care & Development of Young Children	Associate of Applied Science in Diagnostic Medical Sonography	
Associate of Arts (LT) Crin  Associate of Arts (LT) Fine		Associate of Science in Criminal Justice	Associate of Applied Science in Fire and Emergency Services	
Associate of Arts (LT) Hum	anities	Associate of Science in Nursing		
Associate of Arts (LT) Mass	s Communication	Associate of Science in Radiologic Technology	Associate of Applied Science in Management	
Associate of Arts (LT) Socia	al Sciences	Associate of Science in Respiratory Care	Associate of Applied Science in Surgical Technology	
Associate of Science (LT) B	Biological Sciences	Associate of Applied Science in Computer	Associate of General Studies	
Associate of Science (LT) Physical Sciences		Information Technology		
[ ] Certificate of Technical Stud Account Clerk		Certificate of Technical Studies in Human Resources Management		
	ies in Administrative Technology	Certificate of Technical Studies in Medical Billing and Coding		
Certificate of Technical Stud		Certificate of Technical S	Certificate of Technical Studies in Fire Service Technology	
of a change in your graduation however, can be authorized in plans change, then you will no	n date <i>prior</i> to the ordering of if you notify the Registrar's Of	the diploma/certificate, then your diploma fee will be r fice of a change in your graduation date <u>after</u> the di n for Degree/Certificate indicating your new graduation	RTIFICATE FEE. If you notify the Registrar's Office refunded or rolled over to the next semester. No refund, iploma/certificate has been ordered. If your graduation n date and pay the applicable fee.	
DATE	SIGNATURE	SOCAIL SECURITY NUMBER	R STUDENT NUMBER	
Pay all financial obligations ower You must participate in the grathe Dean of Enrollment Manage be e-mailed to your LSUE Stuccommencement information.  ***********  AMOUNT DUE: \$45.00 or \$20	GRAI d to the University. If you have re aduation ceremony. If you are u ment. In absentia diplomas may dent e-mail address prior to gr	CUATION REQUIREMENTS-COMMENCEMENT INFORMATION REQUIREMENTS-COMMENCEMENT INFORMATION CONTROL OF THE PROPERTY OF	Iniversity, you must attend an exit interview prior to graduatio varded your degree in absentia. Present your request to ter the graduation exercises. Commencement information wild student e-mail to ensure proper receipt of all	
METHOD OF PATEMENT:	Cash Check or Money Orde			
AMOUNT PAID:	DATE PAID:	Receipt No:	(REVISED 11/29/2018)	