

Plan A	<input type="checkbox"/>
Plan B	<input type="checkbox"/>

A. Name: _____ Student ID: _____
First Middle Initial Last

Address: _____ **Phone Number:** _____
City State Zip Code

E-mail: _____ **Date of Birth:** ____ / ____ / ____

B. _____

Name as it will appear on diploma (**Must agree with name on record**) Please Print

C. I hereby request that my name be placed on the list of candidates for graduation. I will have completed at least 60 units by:

CHECK ONE December June

MAJOR: _____

Choose only majors that are offered at LACC (**See Catalog**)

D. To receive credit for courses taken at other colleges or universities you must submit official transcripts to the Admissions Records Office. **Only transcripts mailed to the Admissions Office will be considered official. Hand delivered transcripts will not be considered official.** List any other college attended below.

Signature

Date

DO NOT WRITE BELOW THIS LINE

CREDIT SUMMARY				ASSOCIATE IN ARTS / SCIENCE REQUIREMENTS				OFFICE MEMORANDA		
Units Attempted	Units Completed	Grade Points		PLAN A: <input type="checkbox"/> PLAN B: <input type="checkbox"/>		COMPLETED		NEEDED		
						A	B	A	B	
Transfer Credits				GENERAL REQUIREMENTS						
Other Credits				A. NATURAL SCIENCES						
Other Credits				1. Physical Universe						
				2. Life Forms						
				B. SOCIAL AND BEHAVIORAL SCIENCES						
				1. American Institutions and Government						
				2. Social and Behavioral Sciences						
				3. Economic and Political						
				C. HUMANITIES						
				1. The Arts						
				2. The Humanities						
				a. Foreign Language						
				b. Humanities						
				c. Literature						
				d. Philosophy						
				D. LANGUAGE AND RATIONALITY						
				1. Written Composition						
				2. Communication and Analytical Thinking						
				a. Speech						
				b. Philosophy, English, Psychology, Speech						
				c. Mathematics						
				E. HEALTH AND PHYSICAL EDUCATION						
				1. Health Education						
				2. Physical Education, Dance, or Dance Activity						
				3. Combined Health Education and Physical Education						
				MAJOR REQUIREMENTS				TOTAL		
Grade Point Deficiency _____								Minimum total Units 60:		
Date ____ / ____ / ____								Minimum / Overall 2.0 GPA Requirement for Graduation		
Checked By _____								Eligible _____ Ineligible _____		
								Date ____ / ____ / ____		
								Checked by _____		
								Special ok by _____		