# COLLEGE OF TECNOLOGY
# AT LAFAYETTE

# Graduation Application

**Fill in each blank**

**(Print your name <u>EXACTLY</u> as you want it to appear on your diploma)**

**Name: _____**
**First Middle Last**

**Major: OLS ___ IT ___ Degree: A.S. ___ B.S. ___ Certificate____**

**Current Address: _____**

**_____**
**City State Zip**

**Telephone: (Home) _____ (Work) _____**

**Email Address: _____**

**Month/Year of Graduation: _____ _____**
**(e.g. Dec, May, or Aug.) Month Year**

**Will be attending Graduation on May 9, 2009 at 2:00 p.m.: Yes_____ No_____**

**APPLICANT'S SIGNATURE: _____ DATE: _____**

**APPLICATION DEADLINE: March 9, 2009**

**Return to: College of Technology at Lafayette, SIA**

An equal access/equal opportunity university