

NAME _____

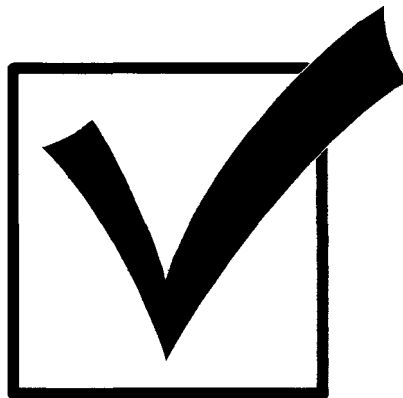
LBCC GRADUATION WORKSHEET 2005-2006 I.D. NO. _____

CERTIFICATE

Occupational Skills Training One-Year

C1 5326

INSTRUCTIONS: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on the checklist to receive this certificate. The college catalog and your advisor are two resources you can turn to if you need help. When you are nearing completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will have met the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**



Degree Evaluator

Date

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. _____

LBCC Cr. _____

GPA _____

Approved

Denied

Registrar

Date

CI 5326 SS

PROGRAM REQUIREMENTS LISTED ON REVERSE SIDE

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
MTH 060	Introduction to Algebra _____	4 c	_____	_____	_____
SP100	Intro to Speech Communication _____	3 c	_____	_____	_____
WR 115	Intro to College Writing _____	3 c	_____	_____	_____
Occupational Specific Courses	_____	9-15 c	_____	_____	_____
Cooperative Work Experience (OST 280) _____		20-26 c	_____	_____	_____

CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this certificate is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

DIVISION DIRECTOR or DEAN

Changes and/or substitutions in the program requirements have my approval.

Program Advisor Signature

Date

Division Director or Dean Signature

Date