

NAME _____

LBCC Graduation Worksheet 2006-2007

ID. NO. _____

Associate Of Applied Science
Automotive Technology

AAS 5306

Instructions: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on each page to receive this degree. The college catalog and your advisor are two resources you can turn to if you need help. When you are within two terms of 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 meet all 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.**

General Education Requirements Are Approved By The Admissions & Records Office

PROGRAM BEING REVISED

Refer to Department

FOR OFFICE USE ONLY			
Credit Toward This Degree			
Total Cr. _____	LBCC Cr. _____	GPA _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
_____ Registrar			AP5306 EI _____ Date

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

PROGRAM BEING REVISED

Refer to Department

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this degree 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