



## SOUTH LOUISIANA COMMUNITY COLLEGE Graduation Degree Plan

*To be approved by the Dean in the semester/session PRIOR to registering for the semester in which degree requirements are to be completed.*

Full Name \_\_\_\_\_  
                     LAST                                    FIRST                                    MI                                    ID NUMBER

CURRENT Mailing Address \_\_\_\_\_  
                                     Street & Apt No or PO Box                                    City                                    Zip Code

Residence Phone Number \_\_\_\_\_ Additional Phone Number \_\_\_\_\_

Major in which degree is to be awarded \_\_\_\_\_ Semester in which requirements are to be completed \_\_\_\_\_ 200\_\_\_\_\_

<b>After these courses in progress:</b>			<b>The student has the following requirements remaining:</b>		<b>These are the courses proposed by the student to complete remaining requirements:</b>		
Course	Number	Credit Hours	Area	Credit Hours	Course	Number	Credit Hours

***After this degree plan has been approved, any deviation must have the written approval of the Dean. This form does not replace registration for classes.***

*(Continued on reverse)*

The following repeats have been recorded by the Dean=s Office. Any inaccuracies should be reported by the student to the Registrar=s Office as soon as possible.

FIRST ATTEMPT			SECOND ATTEMPT		
Semester & Year	Course & Number	Grade	Semester & Year	Course & Number	Grade

**To the Student:** It is your responsibility to know and meet all graduation requirements and to abide by all College rules and regulations. In addition to completing the requirements outlined on this Degree Plan, you are responsible for the following:

- < The address and phone numbers provided must be kept CURRENT. If there are any changes in address/phone number, you are responsible for notifying the Dean=s Office immediately. The Dean=s Office will use this information to contact you in the event of problems and for final procedures for the Commencement ceremony.
- < Your attendance at Commencement is mandatory. If you have a situation, which prevents you from attending, you must provide a WRITTEN request at least five weekdays prior to Commencement. (A Spring Commencement ceremony will honor all graduates of a given academic year.)
- < Activities on the day of Commencement are open to students and their guests. We encourage you to keep up to date with SLCC activities and to inform us of your accomplishments.

**My signature verifies that I have read and understand both sides of this form.**

**Student=s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Advisor=s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dean=s Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEAN=S OFFICE USE:**

APPL + CURRENT + PLAN = 63/64  
 \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**Current GPA** \_\_\_\_\_  
**Total Residency Hours** \_\_\_\_\_