Return to: Business Office

Science Building, Room 111
LSU Eunice P.O. Box 1129
Eunice, LA 70535

NAME SEMESTER/YEAR GRADUATING	
SEMESTER/YEAR GRADUATING	
ADDRESS LSUE Student ID#	
CITYSTATEZIPPHONE NUMBER	
Home Work/Cell	
PRINT NAME <u>EXACTLY</u> AS IT IS TO APPEAR ON THE DIPLOMA, INCLUDING ALL ACCENT MARKS, PUNCTUATION, AND SPACING:	
FIRST MIDDLE (If desired) LAST SUFFIX (Jr., Sr., III, Et	c.)
ASSOCIATE DEGREE TO BE AWARDED (select one):	
Associate of Arts (LT) Business Associate of Applied Science in Management	
Associate of Arts (LT) Criminal Justice Administrative Management	
Associate of Arts (LT) Fine Arts Accounting Management	
Associate of Arts (LT) Humanities Health Care Management	
Associate of Arts (LT) Mass Communication	T 1 1
Associate of Arts (LT) Social Science Associate of Applied Science in Computer Information Cyber Security	Technology
Associate of Science (LT) Physical Science System Analysis & Programming	
Associate of Science in Nursing Associate of Applied Science in Fire & Emergency Servi Associate of Science in Radiologic Technology Emergency Services Technology	ces
Associate of Science in Respiratory Care Safety & Health Compliance	
Associate of Applied Science in Diagnostic Medical Sonography Fire Service Technology	
Associate of Applied Science in Surgical Technology	
Associate of Science in Criminal Justice	
Associate of General Studies Law and Society Associate of Science Health Sciences	
Associate of Science in Agriculture	
Associate of Science in the Care & Development of Young Children	
CERTIFICATE OF TECHNICAL STUDIES TO BE AWARDED (select one):	
Certificate of Technical Studies in Accounting Technology: Account Clerk Certificate of Technical Studies in Human Resources Ma	nagement
Certificate of Technical Studies in Administrative Technology Certificate of Technical Studies in Medical Billing and C	-
Certificate of Technical Studies in Chemical Technician Certificate of Technical Studies in Fire Service Technology Certificate of Technical Studies in Fire Service Technology	gy
Certificate of General Studies (CGS) CGS: Transcript notation only (NO CHARGE: Physical document not provided)	
Please indicate whether you will participate in the commencement ceremony (fall or spring only) Yes No	
SUBMIT THIS APPLICATION TO THE OFFICE OF BUSINESS AFFAIRS TO PAY YOUR DIPLOMA/CERTIFICATE FEE. If you notify the Registrar's Office of a change in your graduation date <i>prior</i> to the ordering of the diploma/certificate, then your diploma fee will be refunded or rolled over to the next seme however, can be authorized if you notify the Registrar's Office of a change in your graduation date <u>after</u> the diploma/certificate has been ordered. If your change, then you will need to re-file a new Application for Degree/Certificate indicating your new graduation date and pay the applicable fee.	ster. No refund,
DIPLOMA FEES: ASSOCIATE DEGREE \$45.00; CERTIFICATES \$20.00	
DATE SIGNATURE SOCAIL SECURITY NUMBER STUDENT NO	JMBER
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GRADUATION REQUIREMENTS-COMMENCEMENT INFORMATION Pay all financial obligations owed to the University. If you have received any type of guaranteed student loan through the University, you must attend an exit interview You must participate in the graduation ceremony. If you are unable to attend, you must request permission to be awarded your degree in absentia. Present your of Enrollment Management. In absentia diplomas may be picked up in the Office of Enrollment Management after the graduation exercises. Commencement information e-mailed to your LSUE Student e-mail address prior to graduation. You are responsible for monitoring your LSUE student e-mail to ensure proper receipt of all comminformation.	request to the Dean on will be
AMOUNT DUE: \$45.00 or \$20.00 _ Cash _ Check/Money Order BUSINESS AFFAIRS - OFFICEUSE ONLY OFFICE OF BUSINESS PROOF OF PAYMENT	

Distribution: Registrar Office – Original Business Office – Copy

AMOUNT PAID:______ DATE PAID:______ Receipt No:____

(REVISED 5/14/24)