



DEGREE CHECK REQUEST LABETTE

Community College

200 South 14th Street • Parsons, KS 67357 • (620)421-6700 • 1-888-LABETTE

WWW.LABETTE.EDU

THIS FORM SHOULD ONLY BE USED WHEN HOURS COMPLETED AND CURRENT ENROLLMENT EQUALS 42 HOURS

**This Degree Check must be completed in its entirety.
If not, it will be returned to the advisor.**

Name _____ LCC Student ID # _____ Male _____ Female _____
Please Print

Local Address _____
Street City State Zip Cell Phone Number
This address will be used to send the first correspondence regarding graduation to the student.

LCC email address _____
All communication for this process will be sent to this email account.

Major _____ Advisor _____ First year of attendance at LCC _____

Do you have credit from another college(s)? Yes _____ No _____
If **Yes**, have you requested OFFICIAL transcripts from all other college(s) attended be sent to LCC? Yes _____ No _____
(A Degree Check will not be completed until all Official Transcripts are on file in the Admissions Office)
Name of other college(s) attended _____

ADVISOR: The catalog used for this degree check is indicated in Jenzabar.

COMPLETE YOUR EXACT DEGREE INFORMATION: (For Social Science, Secondary Education and Physical Education – include emphasis.)

Associate in Arts _____ Concentration _____

Associate in Science _____ Concentration _____

Associate in Applied Science _____ Concentration _____

Associate in General Studies _____ Concentration _____

Do you plan to continue your education after graduating from LCC? Yes _____ No _____ If yes, where? _____

Student Signature _____ Date _____
Student: You and your advisor will receive a copy of your official degree check (advising worksheet).

Advisor's Signature _____ Date _____
Advisor: Please attach a "Substitution Form" if applicable.

For Office Use Only

GPA _____ Honors _____