

# LABI COLLEGE GRADUATION APPLICATION



## 1. STUDENT INFORMATION

Name: \_\_\_\_\_  
Last name First name Middle name

Address: \_\_\_\_\_  
Street Apt# City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. GRADUATION PARTICIPATION REQUIREMENTS

To be a candidate and participate in the Graduation Commencement, all students must meet the following requirements:

1. A minimum of 6 outstanding units and a 2.0 cumulative GPA.
2. Student must have turned in a graduation application and paid the graduation fee.
3. All unpaid balances must be met by the last day of the semester.
4. Student must have completed the associate/bachelor program exit assessment.
5. Students must be in good standing with ALL departments; including Student Life/Spiritual Formation and Library.

*By submitting an application I understand that this does not guarantee my application will be approved or that I will participate in the graduation commencement. Student Initials: \_\_\_\_\_*

## 3. PAYMENT INFORMATION

*Please note: All fees are Non-Refundable.*

LABI Associate/Bachelor Student \$150.00  
(Cap-n-gown regalia must be purchased additionally)

Total Payment to Process: \$ \_\_\_\_\_

*Application will not be processed without payment.*

\*Ordering additional diploma degrees are \$50.00 each.

### Methods of Payment Available:

1. **In Person:** For cash, credit, debit, or check; please make an appointment by emailing [info@labi.edu](mailto:info@labi.edu) or by calling (626) 968-1328 prior to your visit.
2. **Over the phone:** Debit or credit cards (3% transaction fee), call (626) 968-1328.
3. **By Mail (NO CASH):** Please make all checks payable to: LABI College and write a MEMO.  
Mail checks to:  
*LABI College*  
(Attn: Business & Finance Office)  
14209 Lomitas Ave,  
La Puente, CA 91746

## 4. DEGREE INFORMATION

Write your name as you want it to appear on degree:  
\_\_\_\_\_

Associate Degree  Bachelor Degree

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LABI OFFICE USE ONLY

Program Exit Assessment Completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dept. Admin. Initials: _____
Units Completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dept. Admin. Initials: _____
Spiritual Formation/Residence Clearance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dept. Admin. Initials: _____
Financial Clearance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dept. Admin. Initials: _____