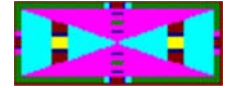


Little Big Horn College
 PO Box 370
 Crow Agency, MT 59022
 406-638-3101



Application for Graduation - Spring 2012

Name _____

Address _____ Phone _____

Catalog Year _____
 (must be completed)

Associate Degree _____
 As identified in the catalog

Option _____
 As listed in catalog

Courses needed to Graduate Spring Semester (It is important this be completed in order to schedule classes for graduates)

Course #	Name of Course	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Courses Must Be Completed for Degree Completion

Check list for students applying for Graduation:

_____ Unofficial Transcripts _____ Signed Contract _____ Program of Study

Student Complete and Sign: _____

Advisor Complete and Sign: _____

_____ # Core Credits _____ # Cr. Program of Study _____ # Electives _____ # Total Credits

Advisor Forward to REGISTRAR No later than Thursday, November 10, 2011.

Office Use Only

_____ Approved for Graduation _____
 Date Registrar

_____ Approved for Graduation _____
 Date Dean of Academics

_____ Approved for Graduation _____
 Date Academic Council Chair