Intent to Graduate

LAMAR INSTITUTE OF TECHNOLOGY

Last Name   First Name

Student ID/T#   Date of Birth

Cell Phone   Alternate Phone

MyLIT Email   Graduation Semester

Veteran: □ Yes □ No   Dual Enrolled Campus:

List all Degrees and Certificates you are applying to receive.

1. □ Degree   □ Certificate

Major:

2. □ Degree   □ Certificate

Major:

3. □ Degree   □ Certificate

Major:

FOR LIT USE ONLY

	Signature	Date
Program Level Approval		
Department Level Approval		

DORI Status:

☐ Semester Completed: _____

☐ Waiver Submitted

NOTES:

Please return this form to your departmental office. Following the submission of the Intent to Graduate form and department review and approval, you will receive an email to complete your Graduation Application in Self-Service Banner

Allied Health - AHSC@lit.edu
Business Technologies - BSTC@lit.edu
General Education - GEDS@lit.edu
Public Service and Safety - PBSS@lit.edu
Technology - TECH@lit.edu