## Once completed, email this form to: Admissions@lamission.edu

## **1** LOS ANGELES COMMUNITY COLLEGE DISTRICT CITY/ EAST/ HARBOR/ MISSION/ PIERCE/ SOUTHWEST / TRADE-TECHNICAL /VALLEY / WEST

HIGH SCHOOL GRADUATION UPDATE FORM

s

| Please complete the inf   | ormation below.                              |   |
|---|--|---|
| First name  | Last name                                    | Middle Initial                              |
| Student D Number  | Age  |   |
| Home Address  |  |   |
| High School Name  |  |   |
| Birth Date<br>Month   | Day Year                                     | n Date1<br>Month Day - Year                 |
| AsofSemester  | Year   |   |
| <ul> <li>Not a high school gradua</li> <li>Currently enrolled in adult</li> </ul> | -  | d the California High School Proficiency Ce |
| Today's Date  | Stud   | ent's Signature                             |
| FOR ADMISSIONS AN   | D RECORDS USE ONLY                           |   |
| Check complete on the<br>K-12 Checklist   | (last term dually enrolled)                  | Staff                                       |
| Assign New Student<br>Checklist   | Inactivate from K-12<br>student group        | 25  |
| Assign MMAP Checklist (if applicable)   | Reg. Appointment<br>adjusted (if applicable) |   |
| Service indicator end date<br>to a day before the Open                            | Residency status review                      |   |