

APPLICATION FOR DEGREE

UPDATE

LSUID#: _____

GRADUATION DATE: _____

DIPLOMA INFORMATION: (Type or print the name you want to appear on your diploma using upper/lower case letters.)

(First Name)

(Middle Name)

(Last Name)

(Hometown)

(Hometown State)

(Louisiana Parish)

(Country)

By signing below, I acknowledge that I understand that the above typed or printed name will appear on my diploma.

Signed: _____

Date: _____

(Day Phone)

(Evening Phone)

(E-Mail Address)

DEGREE INFORMATION:

(Degree Title)

(Granted by College of)

(Major)

(Minor)

DIPLOMA DISTRIBUTION CEREMONY:

You **must** indicate if you will attend or not attend the diploma distribution ceremony. Please check the one that applies to you.

_____ **I will be attending** the diploma distribution ceremony.

_____ **I will not be attending** the diploma ceremony and will pick up by diploma in room 112 Thomas Boyd Hall on the Monday following commencement.

_____ **I will not be attending** the diploma ceremony and would like my diploma mailed to the address listed below. (Diplomas will be mailed out approximately two weeks after commencement.):