

DIPLOMA PAGE

SSN# _____ GRADUATION DATE: _____

TYPE OR PRINT NAME AS IT IS TO APPEAR ON DIPLOMA:
(Use Upper/Lower Case Letters)

(First Name) (Middle Name) (Last Name)

(Hometown) (Hometown State) (Parish) (Country)

(Day Phone) (Evening Phone) (E-Mail)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND THAT THE ABOVE TYPED OR PRINTED NAME WILL BE PRINTED ON MY DIPLOMA

SIGNATURE: _____ **DATE:** _____
(Required)

(Degree Title - See catalog) GRADUATE SCHOOL _____
Granted by College of

(Major - See catalog) (Minor) - if applicable
(Non-Thesis/Project) ____ (Thesis) ____ (Dissertation) ____

You must indicate if you will attend or not attend the diploma distribution ceremony.

I will be attending the diploma distribution ceremony.

I will not be attending the diploma distribution ceremony.

I will pick up my diploma in room 112 Thomas Boyd Hall on the Monday following the diploma ceremony.

I wish my diploma to be mailed to the following address (diplomas will be mailed two weeks after the diploma ceremony).

**The Graduate School-Louisiana State University
DOCTORAL APPLICATION FOR DEGREE**

PLEASE TYPE

Student's Name

SSN#

(Home Phone)

(Work Phone)

(E-Mail)

Date of Graduation

Major Professor's Name

Major Professor's Official LSU Title

Major Professor's Approval of LSU Title (Signature)

Co-Chair's Name (if not applicable - leave blank)

Co-Chair's Official LSU Title (if not applicable - leave blank)

Co-Chair's Approval of LSU Title (Signature if applicable)

Title of Dissertation

