

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

Master’s Application for Degree

(Please submit 1 typed original to the Graduate School)

Name _____ SSN# _____

Major Field _____ Minor Field _____

Degrees held (University and date of each) _____

I hereby apply for candidacy for the degree of Master of _____
(Ex: Arts, Science, Science in C.E.)

_____ for the semester/term of _____
(semester/year)

List all LSU graduate courses and hours required toward this degree.
(Example: CHEM 4492 (3), CHEM 8000 (6), etc.)

1. Major Courses Completed: _____

2. Minor Courses Completed (if applicable): _____

3. Transferred or Petitioned Credits (and institution): _____

Total Hours Completed _____

4. Courses Remaining to Complete this Degree Program: _____

Check one: Non-Thesis/Project _____ Thesis _____ Total Hours Remaining _____

If thesis option, state title of thesis: _____

Signature of Applicant Date

(H) _____ (W) _____
Phone #(s) of Applicant

E-Mail Address

Signature of Major Professor (type name in full) Date

Signature of Department Chair (type name in full) Date

Approval of Dean of the Graduate School