

**UPDATE**

**APPLICATION FOR DEGREE  
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

\_\_\_\_\_  
(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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_