Louisiana Education Consortium
Application for Graduation - ULM

Form J
Appendix A

THE UNIVERSITY of LOUISIANA at MONROE
MONROE, LOUISIANA

APPLICATION FOR GRADUATE DEGREE **DATE** _____

PLEASE PRINT OR TYPE NAME IN FULL EXACTLY AS IT SHOULD APPEAR ON THE DIPLOMA. IT IS DESIRABLE TO USE FULL NAME, RATHER THAN INITIALS. IF YOU HAVE AN UNUSAL NAME TO PRONOUNCE, PLEASE SUBMIT A PRONUNCIATION GUIDE TO THE DEAN OF YOUR COLLEGE TO ENSURE THAT YOUR NAME IS PRONOUNCED CORRECTLY AT COMMENCEMENT.

_____
First Middle Last

Major: _____ Option: _____

Minor: _____ Option: _____

This application applies to this semester only. If you do not graduate, you must reapply.
Expect to complete the requirements for the degree of (Check one)

[ ] M.A. [ ] M.B.A. [ ] M.M. [ ] M.S. [ ] Ed.S. [ ] Ed.D [ ] Ph.D. [ ] Sch. Psych. S.

The end of (Check one) [ ] Fall [ ] Spring [ ] 1st Summer [ ] 2nd Summer 20 _____

Students currently enrolled in another college or university, please fill in the following:

College or University _____
(A complete official transcript must be in the ULM Registrar's Office at the same date and time grades are due.)

Date course(s) will be completed _____
Courses for which registered: (Do not list courses for which registered at ULM)

Course No.	Description	Sem. Hrs. Credit
_____	_____	_____
_____	_____	_____

I certify that this student has been accepted as a candidate for graduation for the current semester and has permission to apply for the degree.

_____
Signature of Graduate School Dean

I accept responsibility for understanding and meeting all requirements for my degree.

_____
Signature of Candidate

_____
Social Security Number

LOCAL ADDRESS OF CANDIDATE:

_____
Number and Street

_____
City State Zip

HOME ADDRESS OF CANDIDATE:

_____
Number and Street

_____
City State Zip

_____
Local Phone Number Home Phone Number