

**GRADUATION APPLICATION**

If you are within two semesters of graduation, please complete this Graduation Application AND submit an Official Degree Audit for your major and any minors (signed by your department chair/dean) to the Registrar's Office. *(If you are completing more than one degree, please fill out a Graduation Application for each degree.)*

**Term of Anticipated Graduation:**

- Fall Semester:** \_\_\_\_\_ (Submit Graduation Application/Degree Audit by **March 30<sup>th</sup>**)
- Spring Semester:** \_\_\_\_\_ (Submit Graduation Application/Degree Audit by **Sept 30<sup>th</sup>**)
- Summer Semester:** \_\_\_\_\_ (Submit Graduation Application/Degree Audit by **Jan 30<sup>th</sup>**)

*Please Print:* **Student ID Number:** A\_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
(Degree Audit Verification will be mailed to this address)

**Permanent Address:** \_\_\_\_\_

**Diploma Address:** \_\_\_\_\_  
(If other than Permanent Address)

**Degree (Circle One):**    Masters    Post Baccalaureate    Bachelor of Science    Bachelor of Arts    Associate    Certificate

**Major(s):** \_\_\_\_\_

**Concentration:** \_\_\_\_\_ **Minor(s):** \_\_\_\_\_  
 \_\_\_\_\_

Have you previously applied to graduate but were missing requirements?     No     Yes

If Yes, please indicate the semester: \_\_\_\_\_ **Major:** \_\_\_\_\_

Complete this Graduation Application and submit as soon as possible to verify All requirements are now satisfied.

*If you have completed additional course work from another institution which will now fulfill your graduation requirements, please request an 'Official' transcript be sent to the Registrar's Office at Lake Superior State University.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar's Office – Graduation**  
**Lake Superior State University**  
**650 W Easterday Avenue**  
**Sault Ste. Marie, MI 49783**  
**Phone: (906)635-2682 Fax: (906)635-6669**

Office use only: Catalog Term: _____
Process Date: _____ Initials _____