



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 30th**)
- Spring Semester:** _____ (Submit Graduation Application/Degree Audit by **Sept 30th**)
- Summer Semester:** _____ (Submit Graduation Application/Degree Audit by **Jan 30th**)

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 _____