



LAKE SUPERIOR STATE UNIVERSITY

GRADUATION APPLICATION

- Complete a Graduation Application approximately two semesters before you plan to graduate.
- If you are earning more than one degree (including Certificates), please complete a Graduation Application for each degree.
- Run your My Degree Plan Degree Audit and verify all degree information.
- Make an appointment with your Academic Advisor for completion of the Advisor information portion of this form.
- Deliver completed, signed Graduation Application to the Registrar's Office (Fletcher Center).

STUDENT INFORMATION (Please Print):

ID Number: A _____

Name: _____ Chosen First Name: _____
Last First Middle

LSSU Email: _____ Phone: (____) _____

Personal Email (Used to contact you after graduation): _____

Permanent Address: _____

Diploma Address: _____
(If other than Permanent Address)

TERM OF ANTICIPATED GRADUATION:

- ☐ **Fall Semester:** _____ (Submit Graduation Application by **March 30th**)
Year
- ☐ **Winter Semester:** _____ (Submit Graduation Application by **May 30th**)
Year
- ☐ **Spring Semester:** _____ (Submit Graduation Application by **Sept 30th**)
Year
- ☐ **Summer Semester:** _____ (Submit Graduation Application by **Jan 30th**)
Year

DEGREE INFORMATION:

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

Major(s): _____

Concentration: _____

Minor(s): _____

Are You Planning to Earn an Honors Degree? ☐ Yes ☐ No

If yes, please contact the Honors Director and request an official, signed Honors Degree Audit be sent to the Registrar's Office.

OVER

Registrar's Office use only:
Catalog Term for Major: _____ Minor(s): _____

Revised: October, 2026

TRANSFER COURSE INFORMATION:

Do you plan to transfer the MTA (Michigan Transfer Agreement) stamp? ☐ Yes ☐ No

Are you planning to transfer in additional coursework to complete your degree? ☐ Yes ☐ No

If yes, please list:

Course Code/Name	LSSU Equivalent (e.g. ENGL110)	College/University
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Once transfer coursework is complete, please request an official transcript be sent directly to the Registrar's Office at LSSU. To receive credit, you will need to earn a C- or higher in each course (100 level or higher).

Graduates, please watch for a graduation survey to be sent to your LSSU email approximately six months after graduation. Participation helps LSSU to evaluate and improve programs.

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY ADVISOR:

(Please run student's My Degree Plan Degree Audit):

Is the Catalog Term Correct for the Major? ☐ Yes ☐ No If No, enter correct Catalog Term: _____
(Please note, the Catalog Term determines the degree requirements that the student will need to satisfy.)

Is the Catalog Term Correct for the Minor(s)? ☐ Yes ☐ No If No, Enter correct Catalog Term: _____
(Please note, the Catalog Term determines the degree requirements that the student will need to satisfy.)

Are you planning to allow any additional substitutions or waivers? ☐ Yes ☐ No
If yes, please complete the Substitution and Waiver Form(s) and forward to Registrar's Office.

Advisor Signature (Major): _____ **Date:** _____

Advisor Signature (Minor(s)): _____ **Date:** _____

Registrar's Office – Graduation
Lake Superior State University
Phone (906)635-2682
Email: graduation@lssu.edu

Office use only:	
SO date: _____	Initials: _____
Sr. Processing Fee date: _____	Initials: _____
AP date: _____	Initials: _____
CL date: _____	Initials: _____