

Master's Application for Degree UPDATE

Email submission to gradsvcs@lsu.edu.

Student Information:

LSU Student ID _____

Degree Only Registration: Yes No
(See Catalog for requirements)

Semester/ Year of Graduation _____

Defense Date _____

Please fill out **ONLY** if you have previously applied for the degree:

Diploma Information:

Name as It Should Appear on Diploma: _____

First

Middle

Last

Hometown _____

Home State _____

Parish/County _____

Country _____

By signing below, I acknowledge that I understand that the name provided above will appear on my diploma.

Signature: _____ Date: _____

Phone: _____ LSU Email: _____

Degree Information

Degree Title (i.e. M.A., M.S., etc.): _____

Official Major: _____

Official Minor: _____

College: Graduate School

Major Professor: _____

Co-Chair (If applicable): _____

Thesis Non-Thesis

Thesis Title: **If title changes after defense, please ensure Approval Sheet reflects the change.*

Diploma Distribution:

- I will attend the ceremony.
- I will pick up my diploma from 112 Thomas Boyd Hall after commencement.
- I would like my diploma mailed to: _____

LSU will **NOT** deliver to local addresses, (i.e.) Baton Rouge and the immediate surrounding areas. Diplomas will be mailed approximately two weeks after commencement.