

## Certificate of Education Specialist Application for Degree

Email submission to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).

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### Student Information:

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

LSU Student ID:

Phone:

LSU Email:

Degrees Held (Include institution and year):

Semester/ Year of Graduation:

Department:

Major Field: Education

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### Diploma Information: (Type or print the name you want to appear on your diploma.)

First Name:

Hometown:

Middle Name:

Home State:

Last Name:

Parish/County:

Country:

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

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

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### 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.

## Certificate of Education Specialist Degree Audit

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LSU Student ID:

Name:

*NOTE: The program for the Certificate of Education Specialist is a 60-63 hour program. All 60-63 hours must be listed on this form. List each course and number of hours associated. (Ex: EDCI 7610 (3))*

**Coursework Information:**

List all relevant LSU courses and hours required towards this certificate.  
(Ex: EDCI 7005 (3), EDCI 7930 (6))

Courses Completed at LSU:

Courses Transferred or Petitioned (list institution and date taken)

Hours Completed: \_\_\_\_\_

Courses Remaining:

Hours Remaining: \_\_\_\_\_

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**Required Signatures:**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of the Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

GPA:

Reg:

CW:

Time: