

LSU | Graduate School

Graduate Certificate Application for Degree

Email submission to gradsvcs@lsu.edu.

Student Information:

LSU Student ID:

Semester/ Year of Graduation:

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: _____

Phone: _____ LSU Email: _____

Degree Information

Program Certificate:

College: Graduate School

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.

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Graduate Certificate Audit

*Email completed form with all required signatures
(except Dean of Grad School) to gradsvcs@lsu.edu.*

Student Information:

LSU Student ID:

Name:

LSU Email:

Phone:

Home Department:

Program Certificate:

Coursework Information:

List all relevant LSU courses and hours required toward this certificate.

(Ex: EDCI 7055 (3), ECI 7930 (6))

Courses Completed at LSU:

Courses Transferred or Petitioned (list institution and date taken)

Hours Completed: _____

Courses Remaining:

Hours transferred: _____

Hours Remaining: _____

Signatures:

Student: _____

Date: _____

Graduate Program Advisor: _____

Date: _____

Dean of the Graduate School: _____

Date: _____

For Office Use Only:

GPA:

Reg:

CW:

Time: