

Doctoral Application for Degree Diploma Page

Email submission to gradsvcs@lsu.edu. Please ensure that your department receives a copy of this form.

Student Information:

LSU Student ID:

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

Semester/ Year of Graduation:

Defense Date:

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

Degree Title:

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

Official Major:

Official Minor:

College: Graduate School

Major Professor:

Co-Chair (If applicable):

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.