

GRADUATION APPLICATION



- Complete a Graduation Application approximately two semesters before you plan to graduate.
- 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 _____

Legal Name: _____ **Chosen First Name:** _____
Last First Middle

Please note, if you have a chosen first name in Anchor Access, it will be used for all Commencement activities unless indicated below:

Please use my legal first name for all Commencement activities.

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: (If you are earning more than one degree, please complete a Graduation Application for EACH degree):

Degree (Circle One): 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

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	College/University	LSSU Equivalent (eg ENGL110)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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).

Student Signature: _____ **Date:** _____

Please Print Form and Sign with ink.

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.

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: _____

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 substitutions or waivers? If yes, please complete the Substitution and Waiver Form(s) and forward to the Registrar's Office.

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

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

Registrar's Office – Graduation
Lake Superior State University
Phone: (906)635-2682 Fax: (906)635-6202
Email: graduation@lssu.edu

Office use only: Catalog Term for Major: _____ Minor(s): _____ Process Date: _____ Initials _____
