

Request for Degree Candidate Deletion or Title Change Form

Email submission to gradsvcs@lsu.edu

Student Information:

| | | | |
|-------------------|-------------------------------|------------|-------------|
| LSU Student ID | Last Name | First Name | Middle Name |
| Phone | LSU Email | | |
| Department/School | Degree (Master's or Doctoral) | | |

Requested Change:

- Title*
- Deletion

Explanation:

Required Signatures:

Student: _____ Date: _____

***Note:** If a document title is being changed after your defense, you need to send a new document Approval Sheet in order for the editor to approve your document.