

LSU | Graduate School

Certificate of Education Specialist Application for Degree

Email submission to gradsvcs@lsu.edu.

Student Information:

_____ Name	Degree Only Registration: <input type="checkbox"/> Yes <input type="checkbox"/> No (See Catalog for requirements)
_____ LSU Student ID	_____ LSU Email
_____ Phone	_____ Education
_____ Degrees Held (Include institution and year)	_____ Major Field
_____ Semester/ Year of Graduation	_____ Department

Diploma Information:

Name as It Should Appear on Diploma: _____
First Middle Last

Hometown Home State Parish/County Country

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

Signature: _____ Date: _____

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

Email submission to gradsvcs@lsu.edu.

LSU Student ID

Last Name

First Name

Middle 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 7055 (3), ECI 7930 (6))

Courses Completed at LSU:

Courses Transferred or Petitioned (list institution and date taken)

Hours Completed: _____

Courses Remaining:

Hours Remaining: _____

Required Signatures:

Student: _____

Date: _____

Committee Chair: _____

Date: _____

Committee Member: _____

Date: _____

Committee Member: _____

Date: _____

Graduate Program Advisor: _____

Date: _____

Dean of the Graduate School: _____

Date: _____