

Master's Application for Degree Diploma Page

Email submission to gradsvcs@lsu.edu.

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

Thesis Non-Thesis

Degree Title (i.e. M.A., M.S., etc.):

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

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.

LSU | Graduate School

Attention: This page of the Application for Degree is **ONLY** required for applicants in the following programs: Accounting, Business Administration, Finance, Human Resource and Leadership Development, Landscape Architecture, School of Library & Information Science, and Social Work (Non-Thesis). (*This page must be submitted with the Application for Degree Diploma Page*)

Name: _____ Degrees Held: _____
LSU ID: _____ Institution: _____
Major: _____ Degree Sought (MA, MS, etc.): _____
Minor: _____ Semester of Graduation: _____

Coursework Information:

List all relevant LSU graduate courses and hours required toward this degree.
(Ex: CHEM 7947 (3), CHEM 8000 (6), etc.)

Coursework Earned in Major Program:

Coursework Earned in Minor Program (if a formal minor has been declared):

Courses Transferred or Petitioned (list institution):

Total Hours Completed: ____

Courses Remaining:

Total Hours Remaining: ____

Required Signatures *Print and Sign Names:*

Student: _____ Date: _____
Dept Chair or Grad Advisor: _____ Date: _____
Major Professor: _____ Date: _____
Minor Professor (if applicable): _____ Date: _____
Dean of the Graduate School: _____ Date: _____

For Office Use Only:

GPA: _____ REG: _____ CW: _____ COM: _____ MINOR: _____ TIME: _____