Marquette University

Helen Way Klingler College of Arts and Sciences

APPLICATION FOR GRADUATION

This form must be submitted one semester prior to your final semester at Marquette University.
If your graduation plans change, you are required to complete and submit a new application.
Please notify the Records Office if your graduation plans change.

PLEASE SUBMIT APPLICATION TO THE RECORDS OFFICE, MARQUETTE HALL #208
Or Mail to: Helen Way Klingler College of Arts & Sciences, P.O. Box 1881, Milwaukee, WI 53201-1881

Please press firmly using a ball point pen.

USING UPPER AND LOWERCASE LETTERING, **PRINT** YOUR NAME EXACTLY AS IT SHOULD APPEAR ON YOUR DIPLOMA.

_____ _____ _____
FIRST NAME MIDDLE NAME LAST NAME

How is your name pronounced? _____
PHONETIC SPELLING (if necessary)

MUID # _____

PHONE # _____

EMAIL_____@marquette.edu

Local Address _____
NUMBER AND STREET APT #

_____
CITY STATE ZIP CODE

NOTE: CheckMarq must contain your current contact information. Update via CheckMarq student self service page.

EXPECTED DEGREE: (*honors degrees, not the same as university honors) BA ____ Honors BA* ____
BS ____ Honors BS* ____

List **MAJOR(S)** Primary_____ Secondary _____

List **MINOR(S)** _____

EXPECTED GRADUATION: (**CIRCLE ONE**) MAY AUGUST DECEMBER of 20_____

If August, will you participate in the May ceremony? (**CIRCLE ONE**) YES NO

GRADUATION INVITATIONS: The University will send an invitation to either your parents or spouse.

Relationship: (Circle One) PARENT SPOUSE OTHER

_____
TITLE, FIRST AND LAST NAME

_____
TITLE, FIRST AND LAST NAME

_____
NUMBER AND STREET APT #

_____
CITY STATE ZIP CODE

Relationship: PARENT (Only if at different address.)

_____
TITLE, FIRST AND LAST NAME

_____
TITLE, FIRST AND LAST NAME

_____
NUMBER AND STREET APT #

_____
CITY STATE ZIP CODE

SIGNATURE: _____ DATE: _____

White - File Yellow - Office Pink - Special Events