



Marquette University
College of Health Sciences



Application for Graduation
May/August

PRINT NAME EXACTLY AS IT IS TO APPEAR ON DIPLOMA:

First Name _____	Middle Name _____	Last Name _____
MU ID#: _____	Current Phone # _____	
E-Mail Address: _____	Current Cell Phone # _____	
Current Address: _____		
	Number and Street	Apt. #
	City	State
		Zip Code

NOTE: If the above address changes, you **must** inform the Office of the Registrar of the change or update your address using the Checkmarq account.

EXPECTED DEGREE (* honors degrees, not the same as university honors): _____ **B.S.** _____ ***Honors B.S.**
 _____ **M.P.A.** _____ **D.P.T.**

Please list **MAJOR/S**: _____ / _____ / _____

Please list **MINOR/S**: _____ / _____ / _____

EXPECTED GRADUATION DATE (check one): () May or () August of **2009** (year)
 If **August graduate**, do you plan to participate in the May ceremony: () yes () no

NOTE: Application must be filled out in the College Office one session before you intend to graduate. If for any reason you do not graduate at this time, your application for graduation will be **withdrawn** and you **MUST** file a new graduation application for the term in which you **will** graduate. **PLEASE NOTIFY THE COLLEGE OFFICE IF YOUR GRADUATION PLANS CHANGE.**

GRADUATION INVITATION: An invitation will be sent to the following person/s in accordance with the following information you provide. Check one: () Parents () Spouse () Other

Name _____ (please specify Mr. & Mrs., Mr., Mrs., Ms., Dr., etc.)	Name _____ (please specify Mr. & Mrs., Mr., Mrs., Ms., Dr., etc.)
Street _____	Street _____
City _____ State ____ Zip Code _____	City _____ State ____ Zip Code _____

NOTE: August graduates are listed in the printed graduation program.

Check here if you **do not** wish your name to be published in your **hometown newspaper**:

SIGNATURE: _____ **Date:** _____

office copy

special events copy