



APPLICATION FOR GRADUATION

TYPE NAME EXACTLY AS IT IS TO APPEAR ON DIPLOMA:

FIRST, MIDDLE, LAST:

PLEASE PROVIDE A PHONETIC SPELLING:

MU ID NUMBER:

ADDRESS:

EMAIL: @marquette.edu

PHONE:

EXPECTED GRADUATION DATE (please check one): MAY DECEMBER YEAR (select one):

MAJOR (select one): Elementary Education Secondary Education

MAJOR(S) OUTSIDE THE COLLEGE OF EDUCATION (check all that apply):

Biology	Broad Field Science	Comm. Studies	English	French
German	History	Journalism	Latin	Mathematics
Psychology	Political Science	Sociology	Spanish	Theatre Arts

MINOR(S) OUTSIDE THE COLLEGE OF EDUCATION:

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:

City: State/Zip:

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

SIGNATURE

DATE

NOTE: Application must be completed and turned in to the College Office one semester before you intend to graduate. If for any reason you do not graduate at this time, you must file a new application for the term which you will graduate. PLEASE NOTIFY THE RECORDS OFFICE IF YOUR GRADUATION PLANS CHANGE. Thank you.