



Marquette University
College of Health Sciences



Application for Graduation

**December Graduates requesting to walk in May
(only applies to PA1 Juniors, EXSC/DPT, and ATTR/DPT students)**

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: _____ **B.S.** _____ ***Honors B.S.** (requires completion of Honor's Program)

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

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

EXPECTED DIPLOMA COMPLETION DATE: () **December 2012**

Will you participate in the May 2012 graduation ceremony: () yes () no

NOTE: Walking in the May graduation ceremony requires approval of a waiver from the Office of the Provost. The CHS office will submit this waiver on your behalf if you select "yes" to participate in the May graduation ceremony.

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

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

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

Application must be filled out in the College Office the semester 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 If for any reason you do not graduate at this time, your application for graduation will be **withdrawn** and you **MUST** file a new graduation application for the term in which you **will** graduate.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.**

SIGNATURE: _____ **Date:** _____

office copy

special events copy