



*Marquette University*  
College of Health Sciences



**Application for Graduation**  
**December**

**PRINT NAME EXACTLY AS IT IS TO APPEAR ON DIPLOMA:**

\_\_\_\_\_

First Name	Middle Name	Last Name
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**Phonetic/Correct Pronunciation of:**

First Name	Middle Name	Last Name
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MU ID#: \_\_\_\_\_ Current Phone # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Current Cell Phone # \_\_\_\_\_

Current Address: \_\_\_\_\_

Number and Street	Apt. #
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\_\_\_\_\_

City	State	Zip Code
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**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:** ( ) **December 19, 2011**

Do you plan to participate in the **December** 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 If for any reason you do not graduate at this time, your application for graduation will be **withdrawn** and you **MUST** file a new graduation application for the term in which you **will** graduate.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 \_\_\_\_\_ 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**:

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_