

LINDENWOOD Application for Degree

Graduation Deadlines:

March: December 30 of prior year
 May: December 30 of prior year
 June: December 30 of prior year
 August: February 28 of same year
 September: March 30 of same year
 October: May 30 of same year
 December: May 30 of same year

This Area to be Completed by Student:

Instructions: Please complete the top portion and submit it to your advisor to complete the remainder of the form. Late applications may be held until the following graduation date.

Student ID#: _____ Date: _____

***NOTE:** If you have received National Direct Student Loans while attending Lindenwood University, the government **requires you to have an Exit Interview** prior to your graduation. See the Financial Aid Office for further information.

All graduates will be charged a graduation fee regardless of their participation in the May Ceremony. See the Business Office for more information.

Name, EXACTLY as you wish it to appear on your diploma: (You must TYPE or Print)

 First Middle Last

Maiden or other name used at anytime during attendance: _____

Permanent Address:(Street) _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Employer: _____ Work Phone: _____

Name of your Advisor (Please Print): _____ Student Signature: _____

Under Title VI of the Civil Rights Act of 1964 and under Title IX of the Education Amendments of 1972, Lindenwood University, is required to collect and report the following statistical data for graduates. Please check the appropriate boxes below:

Non-resident Alien Black Non-Hispanic American Indian or Alaskan Native
 Asian or Pacific Islander Hispanic White Non-Hispanic (Caucasian)
 Sex: Male Female Date of Birth: _____

This Area To Be Completed By Your Advisor:

| <u>Graduation Date</u> | <u>Expected Degree</u> |
|---------------------------------------|---|
| _____ Year | |
| <input type="checkbox"/> March 30 | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate |
| <input type="checkbox"/> May | <input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Master of Arts |
| <input type="checkbox"/> June 30 | <input type="checkbox"/> Bachelor of Fine Arts <input type="checkbox"/> Master of Business Administration (MBA) |
| <input type="checkbox"/> August 30 | <input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Master of Fine Arts |
| <input type="checkbox"/> September 30 | <input type="checkbox"/> Master of Science |
| <input type="checkbox"/> October 30 | <input type="checkbox"/> Educational Specialist |
| <input type="checkbox"/> December 30 | <input type="checkbox"/> Educational Doctorate |

Major 1: _____ Major 2: _____

Minor (if any): _____ **NOTE: List only Majors/Minors/Emphasis approved and listed in the Lindenwood University Catalog**

Emphasis Area (if any): _____

I have verified all information and certify it to be correct to the best of my knowledge.

Advisor Signature: _____ Date: _____