# Graduate & Professional Schools Application for Degree/Certificate

Tulane University Office of the Registrar

Date ____/____/____

S.S.N. [ ][ ][ ][ ][ ][ ][ ][ ][ ] Email _____ Local/Cell Phone _____

Home Town: (to be printed in commencement program) _____
city state country

**My name should appear on my diploma as follows:**

First Name

Middle Name (initials not desirable)

Last Name Suffix ( Jr. II III)

At the Fall 20 _____ Spring Commencement 20 _____ Summer 20 _____ I expect to receive the following degree(s)/certificate(s):

*Certificates conferred by Tulane University, not state or federal certifications.*

School _____ Degree _____ Major 1 _____ Major 2 _____

Minor 1 _____ Minor 2 _____ Certificate* _____

**I would like my pre-renewal college** _____ **printed on my diploma. yes** ☐ **no** ☐

**Will you participate in SPRING COMMENCEMENT:** yes ☐ no ☐ If no, indicate method of diploma delivery.

**DIPLOMA DELIVERY:** (check one)

- ☐ I will pick up my diploma after commencement at the Registrar's Office, 110 Gibson Hall.
- ☐ Mail my diploma. Diplomas will **NOT** be mailed without an address provided below. (Note: your check for $10.00 to cover handling must accompany this request.)
- ☐ Hold my diploma for the next commencement. (Summer or Fall Graduates)

Address _____

**FOR ALL CANDIDATES IN GRADUATE DIVISIONS**

Thesis Required? Yes ☐ No ☐

Title of Dissertation ☐ Thesis ☐ _____

Members of Committee _____ _____
Director

Previously Earned Degrees:

Degree Institution Year Degree Institution Year

If your account is encumbered by Accounts Receivable or Student Loans, you must first clear your account before your diploma can be released. I certify that I have read the requirements for graduation as presented in the catalog of my School and that to the best of my knowledge I meet all of them, or will meet them by the expected date of graduation.

*Signature of Applicant* _____

**White - Registrar** **Yellow - School**