

APPLICATION FOR DEGREE

Saint Louis University

The Graduate School

Please type/print in the fields below and return to the Graduate School Master's Candidacy Advisor

Last Name _____ **First Name** _____ **MI** _____

SLU ID _____

Degree _____ **Major** _____

Joint Degree _____ **Second Major** _____

Academic Advisor _____

Proposed Conferral Date: **August 20**____ **January 20**____ **May 20**____

Name (as it is to appear on diploma) _____

Local Address: _____

Permanent Address: _____

(Please give an address where you can be reached after degree conferral for diploma mailing.)

Phone (Home): _____ **(Alternative):** _____

Email Address: _____

List Previous Degree(s):

| Degree | Institution | City/State | Year |
|---------------|--------------------|-------------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Thesis Title: _____

Thesis Advisor: _____

Student Signature: _____ **Date:** _____

I verify all of the information is correct as shown.

Office Use Only

| | | |
|------------------|------------------|------------------|
| CPS _____ | TBS _____ | TLS _____ |
| CPR _____ | OBS _____ | OLS _____ |