

APPLICATION FOR DEGREE
Saint Louis University Graduate Education

Please type/print in the fields below and return to the Office of the University Registrar

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

SLU ID _____ **College/School/Center** _____
(9 digit number) (i.e. Arts and Science)

Degree _____ **Major or Concentration** _____

Dual/Joint Degree _____ **Second Major** _____

Academic Advisor _____

Proposed Conferral Date: **August** _____ **December** _____ **May** _____

Name (as it is to appear on diploma) _____

Diploma Mailing Address: _____

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

Email Address: _____

List Previous Degree(s):

Degree	Institution	City/State	Year
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Student Signature: _____ **Date:** _____

(I verify all of the information is correct as shown.)