



University of Detroit Mercy
Application for Graduation

Please Print

NOTE: Dual degree program requires
2nd application form.

Student ID Number: T0

Todays Date:

Name: Last First Middle Previous Last Name, if applicable

College/School: ARCH BUS ENGR & HEALTH LIB ARTS DENTAL LAW
(Circle One) ADMIN SCIENCE PROF / & EDU
NURSING

NOTE: See Registrar regarding any
variations in name. Current name in
the TitanConnect system will appear
on diploma unless legal proof of name
change is provided at least 3 months
prior to graduation date.

Expected Graduation Date: December May June August 20

Check if enrolled in Honors Program:

Check Level and Bachelor of 1st Major

Indicate Degree: Master of Concentration (if applicable):

Specialist in Concentration (if applicable):

Doctor of Concentration (if applicable):

*Sex: Male Female Minor (if applicable):

*Race: American Indian or Alaskan Native Multi-Racial Minor 2 (if applicable):

Asian or Pacific Origin Black, Non-Hispanic Origin 2nd Major (if applicable):

White, Non-Hispanic Origin Hispanic, Spanish Origin or Culture Concentration (if applicable):

Mailing Address: Number Street City State Zip

Telephone Number: () E-mail address:

Student Signature:

Dean's Office Signature:
Date: / /

*Information is optional

FOR OFFICE USE ONLY - CERTIFICATION OF DEGREE

This is to certify that has completed the requirements for the
degree on / / with a major in:

Major 1

Major 2

Major 1 Concentration:

Major 1 Concentration:

Major 1 Concentration:

Major 2 Concentration:

1st/Minor:

2nd Minor:

Degree Honors: Summa Cum Laude Magna Cum Laude Cum Laude

Final Academic Summary: Attempted Hours Passed Hours Earned Hours GPA Hours Quality Points GPA

REGISTRARS OFFICE
USE ONLY

Authorized Signature: Date: / /