University of Detroit Mercy
Application for Graduation

Please Print

Student ID Number: T0________________

Name: _______________________________________________________________________________

___________________________________________________________________________________

________________________________________

Last                                                                            First                                                      Middle

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

NURSING

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 __________________________ Minor (if applicable):

Specialist in __________________________ 2nd Major (if applicable):

Doctor of __________________________ Minor (if applicable):

Certificate (separate application required)

*Sex:   Male _____   Female _____

*Race:  American Indian or Alaskan Native _____ Asian or Pacific Origin _____ Black, Non-Hispanic Origin _____

White, Non-Hispanic Origin _____ Hispanic, Spanish Origin or Culture _____ Multi-Racial _____

Mailing Address:____________________________________________________________________

Number Street                                                                                                                   City                                                               St

Telephone Number: (             ) ________________________________      E-mail address: ___________________________________________

Student Signature:______________________________________________

*Information is optional

NOTE: Dual degree program requires 2nd application form.

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:

Major 2:

w/Minor: (if applicable)

w/Minor: (if applicable)

Degree Honors: Summa Cum Laude Magna Cum Laude Cum Laude

Final Academic Summary:

Authorized Signature:______________________________________________

Date: _____ / _____ / ______

Office of the Registrar 12/10

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.