

**Doctoral Application for Degree Diploma Page***Email submission to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).***Student Information:**

LSU Student ID:

Degree Only Registration:  Yes  No  
*(See Catalog for requirements)*

Semester/ Year of Graduation:

Defense Date:

**Diploma Information:** (Type or print the name you want to appear on your diploma.)

First Name:

Hometown:

Middle Name:

Home State:

Last Name:

Parish/County:

Country:

**By signing below, I acknowledge that I understand that the name provided above will appear on my diploma.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ LSU Email: \_\_\_\_\_

**Degree Information**

Degree Title:

Dissertation Title: *\*If title changes after defense, please ensure Approval Sheet reflects the new title.*

Official Major: \_\_\_\_\_

Official Minor: \_\_\_\_\_

College: Graduate School \_\_\_\_\_

Major Professor: \_\_\_\_\_

Co-Chair (If applicable): \_\_\_\_\_