

**Graduate Certificate Application for Degree***Email submission to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).*

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**Student Information:**

LSU Student ID: \_\_\_\_\_ Degree Only Registration:  Yes  No  
*(see catalog for requirements)*

Semester/ Year of Graduation: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Degree Information**

Program Certificate: \_\_\_\_\_ College: Graduate School

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## Graduate Certificate Audit

Email submission to [gradsvcs@lsu.edu](mailto:gradsvcs@lsu.edu).

**Student Information:**

LSU Student ID:

Name:

LSU Email:

Phone:

Home Department:

Program Certificate:

**Coursework Information:**

List all relevant LSU courses and hours required toward this certificate.

(Ex: EDCI 7055 (3), ECI 7930 (6))

Courses Completed at LSU:

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Courses Transferred or Petitioned (list institution and date taken)

Hours Completed: \_\_\_\_\_

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Courses Remaining:

Hours transferred: \_\_\_\_\_

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Hours Remaining: \_\_\_\_\_

**Signatures:**

Student: \_\_\_\_\_

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

Graduate Program Advisor: \_\_\_\_\_

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

Student Home Dept. Chair/

Grad Advisor: \_\_\_\_\_

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

**For Office Use Only:**

GPA:

Reg:

CW:

Time: