
Online Graduate Certificate Application for Degree

Email submission to gradsvcs@lsu.edu.

Student Information:

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

LSU Student ID:

Degrees Held (include institution and year):

Degree Conferral Date: Major Field:

Anticipated Term of Completion: Department:

Degree Information:

Name of Certificate:

College: Graduate School

Name as it Should Appear on 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: _____

Mailing Information:

Mailing Address: (street or P.O. Box)

City State Zip Code Country

Online Graduate Certificate Degree Audit*Email submission to gradsvcs@lsu.edu.***Student Information:**

LSU Student ID:

Phone:

Name:

LSU Email:

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 Remaining: _____

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Signatures:

Student: _____

Date: _____

Graduate Program Advisor: _____

Date: _____

Dean of the Graduate School: _____

Date: _____

For Office Use Only:

GPA:

REG:

TIME:

CW: