Graduate & Professional Schools Application for Degree/Certificate
Tulane University Office of the Registrar

Date ____/____/____

I.D . | | | | | | | | | | Email_____ Local/Cell Phone_____

Home Town: (to be printed in commencement program) _____
city state country

My name should appear on my diploma as follows:

First Name

Middle Name (initials not desirable)

Last Name Suffix (Jr. II III)

At the Fall 20 _____ Spring Commencement 20 _____ Summer 20 _____ I expect to receive the following degree(s)/certificate(s):
(Certificates conferred by Tulane University, not state or federal certifications)

School_____Degree_____Major 1_____ Major 2_____

Minor 1_____ Minor 2_____Certificate_____

_____

Will you participate in SPRING COMMENCEMENT: yes ☐ no ☐

DIPLOMA DELIVERY

Mail my diploma to the following address. If a valid address is not provided, your diploma will be mailed to your permanent address on file. Note that a $10.00 mailing fee will be charged to your account.

Address_____

_____

FOR ALL CANDIDATES IN GRADUATE DIVISIONS

Thesis Required? Yes ☐ No ☐

Title of Dissertation ☐ Thesis ☐ _____

_____

Members of Committee _____ _____
Director

_____ _____

Previously Earned Degrees:

_____ _____

Degree Institution Year Degree Institution Year

If your account is encumbered by Accounts Receivable or Student Loans, you must first clear your account before your diploma can be released. I certify that I have read the requirements for graduation as presented in the catalog of my School and that to the best of my knowledge I meet all of them, or will meet them by the expected date of graduation.

Signature of Applicant _____