

UNIVERSITY OF DUBUQUE THEOLOGICAL SEMINARY
Application for Graduation

ID # _____ **Name** _____ **Month/Year of Grad** ____/____
PRINT NAME exactly as you want it on the diploma

Permanent Address (If diploma is mailed, this address is used.)

_____ **Home Phone** () _____
Cell Phone () _____
Personal Email _____

Home Town: _____
(To be published in commencement program.)

Church Information: _____
Denomination _____ Judicatory _____

I am applying for the following degree:

____ MAMC ____ MAMD ____ MDIV ____ DMIN ____ MACL

COMMENCEMENT PARTICIPATION

TO ALL APPLICANTS: Do you plan to participate in the May Commencement Ceremony? ____ Yes ____ No

My signature indicates that I have read and understand the graduation requirements of the University of Dubuque Theological Seminary:

Student's Signature: _____ **Date:** _____

.....
INSTRUCTIONS: Please complete all information requested above along with required signatures below and return this form to the **REGISTRAR'S OFFICE** prior to the following deadline.

DECEMBER GRADUATION DEADLINE: July 15th
MAY & AUGUST GRADUATION DEADLINE: October 3rd

SIGNATURES: (Must be obtained before submitting this application to the Registrar's Office)

ADVISOR _____ **DATE** _____

STUDENT ACCOUNTS OFFICE (\$60 Fee Due) _____ **DATE** _____