

APPLICATION FOR DEGREE FOR PROFESSIONAL SCHOOL STUDENTS

Submit this application to One Stop Student Services. (You cannot use this application if you are an undergraduate, graduate student, or applying for an M.B.A. Go to onestop.umn.edu/onestop/graduating.html for links to the undergraduate online application and the M.B.A form or to www.grad.umn.edu/current_students/degree_completion/index.html for Graduate School information.)

Print your name as you want it to appear on your diploma. (NOTE: If you are requesting a diploma name that differs significantly from the name on your record, you must submit documentation. Contact One Stop Student Services for information.) If your diploma mailing address changes after you submit this form, contact the Registrar's office on your campus to update the address. Graduation, when used in this application, refers to the granting of your degree—it does *not* refer to commencement ceremonies. Contact your college office for commencement information.

Diplomas are mailed 4-6 weeks after graduation. If you have not received your diploma after this time, please contact the appropriate office listed below. NOTE: It is your responsibility to review your record for holds. Financial holds (e.g., Student Accounts Receivable, student loans, library fines) will block posting of your degree and the mailing of your diploma. When you satisfy your financial obligations to the University, and your holds are released, notify One Stop Student Services. Your degree will then be posted and your diploma will be mailed.

To fill in this form online, place the text tool in a field and type. Print the completed form to add the required signature.

ID number	name as it is to appear on the diploma (see instruction sheet) please print clearly		
	first	middle	last
current mailing address (street, city, state, Zip code) to which graduation information should be mailed			
diploma mailing address (street, city, state, Zip code, country) to which diploma should be mailed			
daytime phone number _____-_____-_____		e-mail address	

desired term and year of graduation (check one)			
<input type="checkbox"/> fall	<input type="checkbox"/> spring	<input type="checkbox"/> May session	<input type="checkbox"/> summer year _____

college of graduation (e.g., Dentistry)	major(s)	minors(s)
	(1) _____	(1) _____
degree (e.g. DDS)	(2) _____	(2) _____

student signature	date signed
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for office use only

date received/initials	confer date	processed by
backdate term	honors: <input type="checkbox"/> summa <input type="checkbox"/> magna <input type="checkbox"/> cum <input type="checkbox"/> high distinction <input type="checkbox"/> distinction	
_____ applied row _____ DCBD _____ + DCAN _____ - DCAN _____ term activ		

One Stop Student Services Centers:

200 Fraser Hall
106 Pleasant Street SE
Minneapolis, MN 55455-0422
612-624-1111
fax: 612-625-3002

130 Coffey Hall
1420 Eckles Avenue
St. Paul, MN 55108-6054
612-624-1111
fax: 612-624-4943

130 West Bank Skyway
219 19th Avenue S
Minneapolis, MN 55455-0427
612-624-1111
fax 612-626-9129



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