

CONCORDIA UNIVERSITY WISCONSIN
REQUEST TO GRADUATE *for Grad Students*

Graduating at the end of: (Check one and complete year graduating).

_____ Semester I, Dec. 20_____

_____ Semester II, May 20_____

_____ Summer, 20____ (would attend following December graduation ceremony)

Name as it is to appear on diploma: _____
(please print clearly)

Student ID: F 0 0 _____

Degree you are receiving:

_____ Master of Arts Major: _____

_____ Master of Business Administration Concentration: _____

_____ Master of Church Music Major Emphasis: _____

_____ Master of Science - Counseling: ___ Professional ___ School

_____ Master of Science in Education Major: _____

_____ Master of Science in Student Personnel Administration

_____ Master of Science in Nursing Major Option: _____

_____ Master of Occupational Therapy

_____ Master of Science in Rehabilitative Science

_____ Doctor of Physical Therapy: ___ Entry Level ___ Transitional

Graduation Plans:

_____ I will be attending the graduation ceremony.

_____ I will not be attending the graduation ceremony.

Mail diploma to: Name _____

Address _____

City _____ State _____ Zip _____

e-mail: _____ phone: _____

Date: _____ Signature: _____

RETURN to: Registrar's Office **email:** registrar@cuw.edu or
fax: 262.243.2610 or **mail:** 12800 N Lake Shore Dr, Mequon, WI 53097

NOTE: Upon completion of all course work, please notify your program director/advisor to initiate the process of posting graduation and ordering diploma certificate.

Visit www.CUW.edu for ordering of cap and gown and graduation ceremony information.

Updated 09/14/06