





Application for Graduation Statement of Completion of Studies


Please complete this form and return it to the Registrar's Office by January 3 (or following Monday, if 3rd falls on weekend) of the year in which you hope to graduate. Use this form if you are—or might end up—in either of the following categories:

- you intend to **complete degree requirements** for graduation by no later than one week prior to Commencement
- you are completing a special program this year (e.g., TEEM candidacy, Lutheran Year, or specialized certificate), **will not be taking further classes at LTSP**, and wish to receive a Certificate of Studies from LTSP

If you have any reason to believe you may graduate, you must complete and return this form by January 3. Submit even if you are not SURE your program here will be ending.

 ___ I expect to complete requirements to receive a degree / certificate (circle one) in May of _____ (year). I understand that the appropriate graduation fee (see fee schedule for academic year) will be assessed to my account in the Spring Semester of that year. I understand that the graduation fee will be credited back to me if I fail to graduate.

 ___ Gown information: Height (feet and inches): _____ Approximate weight in pounds: _____

 ___ I wish to receive my certificate or degree *in absentia*. I will not attend Commencement. I understand that I am still responsible to pay the full graduation fee.

 **YOUR NAME**

Please note below your legal name in the EXACT way you wish it to appear on the diploma (see below)


First Name	Middle Name	Last Name
<ul style="list-style-type: none"> ▪ Print legibly!!! ▪ Use upper and lower case letters as appropriate: e.g., von Beethoven, Von Beethoven ▪ Show all spaces and accent/punctuation marks clearly: e.g., MacFarland, Mac Farland; Renee, René; Moeller, Möller. ▪ Do NOT show titles (e.g., Dr., Sr., The Rev.). ▪ DO show name suffixes (e.g., Jr., Sr., III) with precise punctuation. ▪ If your name is of a culture in which name order does not put family names last, make sure your name is in the precise order in which you want it to appear. 		

 **Award expected:**

- | | |
|--|--|
| <input type="checkbox"/> Master of Divinity* | <input type="checkbox"/> Doctor of Ministry |
| <input type="checkbox"/> Master of Arts in Religion** | <input type="checkbox"/> Master of Sacred Theology |
| <input type="checkbox"/> Master of Arts in Public Leadership | <input type="checkbox"/> Doctor of Philosophy |
| <input type="checkbox"/> Certificate of Theological Study | <input type="checkbox"/> Advanced Graduate Certificate |
| <input type="checkbox"/> Certificate in Church Leadership | <input type="checkbox"/> Certificate in Christian Ministry |

*MDiv concentration(s) you expect to complete, if any: _____

**MAR specialization: _____

 _____
Your signature

Date submitted

Return this form to the Registrar's Office by January 3 of the year in which you hope to graduate. Form may be faxed to 215-248-7315.

REFER TO GRADUATION CHECK LIST TO BE SURE YOU DO ALL YOU NEED TO GRADUATE