



University of Detroit Mercy Application for Graduation

Please Print

Student ID Number: T0 _____

Today's Date: _____

Name: _____
Last First Middle Previous, if applicable

College/School: ARCH BUS ENGR & HEALTH LIB ARTS DENTAL LAW
(Circle One) ADMIN SCIENCE PROF / & EDU NURSING

NOTE: See Registrar regarding any variations in name. Current name in the TitanConnect system will appear on diploma unless legal proof of name change is provided at least 3 months prior to graduation date.

Expected Graduation Date: December May June August 20 _____

Check if enrolled in Honors Program:

Check Level and Bachelor of _____ 1st Major _____

Indicate Degree: Master of _____ Minor (if applicable): _____

Specialist in _____ 2nd Major (if applicable): _____

Doctor of _____ Minor (if applicable): _____

Certificate (separate application required) _____

*Sex: Male _____ Female _____

NOTE: Dual degree program requires 2nd application form.

*Race: American Indian or Alaskan Native _____ Asian or Pacific Origin _____ Black, Non-Hispanic Origin _____

White, Non-Hispanic Origin _____ Hispanic, Spanish Origin or Culture _____ Multi-Racial _____

Mailing Address: _____
Number Street City State Zip

Telephone Number: () _____ E-mail address: _____

Student Signature: _____

Dean's Office Signature: _____
Date: ____/____/____

*Information is optional

FOR OFFICE USE ONLY – CERTIFICATION OF DEGREE

This is to certify that _____ has completed the requirements for the _____ degree on ____/____/____ with a major in:

Major:

Major 2:

w/Minor:
(if applicable)

w/Minor:
(if applicable)

Degree Honors: Summa Cum Laude Magna Cum Laude Cum Laude

Final Academic Summary:
Attempted Hours Passed Hours Earned Hours GPA Hours Quality Points GPA

REGISTRARS OFFICE
USE ONLY

Authorized Signature: _____ Date: ____/____/____

Office of the Registrar 12/10