UNIVERSITY OF MICHIGAN
APPLICATION FOR GRADUATION

This form is for late applicants only. If the graduation application deadline has not passed for your graduation term, please use the self-service Wolverine Access graduation process to apply for graduation.

Please press firmly and PRINT clearly when completing this form.

Print your name as it should appear on your diploma:
(Do not use all capital letters)

Last Name __________________________ First __________________________ Middle __________________________ Date: __________________________

Student ID # __________________________ E-mail Address: __________________________

Mailing Address for Your Diploma:

Name
Address Line 1 __________________________
Address Line 2 __________________________
City __________________________ State or Providence __________________________ Postal Code __________________________ Country __________________________

Semester you plan to graduate: Fall O Winter O Summer O Year: 20____________

Your Degree and Major:
(give exact title, i.e., B.S.E. in Mechanical Engineering)

College or School enrolled: College of Engineering __________________________

Please complete the following data for the University of Michigan Alumni Records Office:

O Check this circle if you previously received a University of Michigan degree under another name.

If your spouse received a degree from the University of Michigan, please provide information:

Spouse's complete name __________________________ Degree received __________________________ Year __________________________

Please list relatives that have received a degree from the University of Michigan:

Name __________________________ Relationship __________________________ Degree received __________________________ Year __________________________

Name __________________________ Relationship __________________________ Degree received __________________________ Year __________________________

Name __________________________ Relationship __________________________ Degree received __________________________ Year __________________________

If you do not expect to take advantage of the University's offer of free e-mail forwarding for life, please indicate the e-mail address that you will be using after graduation: __________________________

RETURN THIS FORM TO YOUR SCHOOL OR COLLEGE.

Copy - School or College Internal Copy to - University RO Diploma Office (which includes Alumni Records Office) 7/14/16 alb