

PROFESSIONAL SCHOOL DEGREE APPLICATION

DIRECTIONS—Do not use this form if you are an undergraduate student, a graduate student, or an MBA student. Go to onestop.umn.edu/forms for undergraduate and MBA degree applications. Go to grad.umn.edu for the Graduate School degree application process.

Contact your college office for commencement information. “Graduation,” when used in this application, refers to the granting of your degree; it does not refer to commencement ceremonies.

You are responsible for reviewing and resolving holds on your record. You will not be issued a diploma or official transcript if you have financial obligations to the University of \$100 or more, or if you have not satisfied certain student conduct or academic integrity sanctions. After you satisfy your obligations to the University and your holds are released, your diploma will be mailed to you (this takes 1-2 weeks).

To ensure privacy online, open in Adobe Reader (free at adobe.com). Please use blue or black ink to add the required signature in PART D.

RETURN THIS FORM:

BY MAIL TO:

Office of the Registrar
University of Minnesota, Twin Cities
160 Williamson Hall
231 Pillsbury Dr. SE
Minneapolis, MN 55455-0252

IN PERSON ON CAMPUS TO:

160 Williamson Hall
231 Pillsbury Dr. SE
Minneapolis, MN 55455-0252

BY FAX TO:

612-625-4351

Questions?

Phone: 612-626-4432

TTY (hearing impaired): 612-626-0701

PART A. Diploma name and student information

Print your name as you want it to appear on your diploma. The last name on your diploma must match the last name on your official University record. Contact One Stop Student Services for instructions to officially change your last name.

First name	Middle name	Last name
University ID	University email @umn.edu	Phone number (include area code)

PART B. Current and diploma mailing addresses

If your diploma mailing address changes after you submit this form, contact One Stop Student Services to update your address. Diplomas are mailed 4-6 weeks after graduation. If you have not received your diploma after this time, please contact One Stop.

Current mailing address (street, apartment number or P.O. box number, city, state, ZIP code, country) to which graduation information should be mailed

Diploma mailing address (street, city, state, Zip code) to which diploma should be mailed

PART C. Degree and graduation information

College of graduation (e.g., dentistry)	Degree (e.g., DDS)	Certificate (if applicable)
Major(s)	Minor(s)	

SECTION 1: For programs that award degrees once per semester

Choose term and year of graduation: fall spring May session summer Year _____

SECTION 2: For programs that award degrees monthly

Choose month and year of graduation:

Spring: January February March April May 20____
 Summer: June July August 20____
 Fall: September October November December 20____

PART D. Student signature

Student signature	Date
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office use only

date received/initials	processed by
applied row	term active
DCBD	

To request copies of this form in an alternative format, please call a Disability Resource Center liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.