

LENOIR~RHYNE UNIVERSITY

APPLICATION FOR GRADUATION

*****This form must be completed one year out from your planned graduation date. If not received by November 15th of the Academic year you plan on graduating, the University cannot guarantee your name will appear in the Commencement Program.*****

1. Today's Date: _____

2. Student Name: _____ ID #: _____

*****Your name on your diploma will appear exactly as it is in the system, not as you list it on this form. Please contact Registrar@lr.edu if you need to legally change your name.*****

3. When do you expect to complete your degree?

(Example: May 2XXX, Aug 2XXX or Dec 2XXX)

4. Check the degree for which you are applying:

Undergraduate Degrees

- Bachelor of Arts
- Bachelor of Music
- Bachelor of Science

Graduate Degrees

- Doctor of Nursing Practice
- Master of Arts
- Master of Business Administration
- Master of Divinity
- Master of Public Health
- Master of Sacred Theology
- Master of Science
- Master of Theological Studies

5. Please provide the following as applicable to you:

Major/Program of Study: _____

Second Major/Concentration: _____

Minor(s): _____

6. Academic Advisor/Program Coordinator: _____

7. Please provide the following contact information:

- Telephone number: _____
- LR Email address: _____

*****Graduation Ceremonies on each of the three campuses will only be held in May. Degrees, however, will be conferred in May, August and December.*****

*****Please submit completed form to Registrar@lr.edu*****