



UNIVERSITY OF SOUTHERN MAINE

APPLICATION FOR DEGREE

Please print name in Full:

Date: _____

Last First MI

ID#: _____

Current mailing address:

Phone #: _____

Street

City State Zip Code

DEGREE APPLYING FOR: (Check one)

EXPECTED GRADUATION DATE: (Check one)

- ____ Associate Degree *
- ____ Bachelor of Arts *
- ____ Bachelor of Science *
- ____ Bachelor of Fine Arts *
- ____ Bachelor of Music *
- ____ Bachelor of Science in Business Administration *
- ____ Bachelor of Science in Sports Medicine *
- ____ Masters Degree
- ____ Certificate of Advanced Study
- ____ Ph.D

- ____ May
- ____ August Year: ____
- ____ December

** To March in the Commencement Ceremony in May, you must be within 9 credits of completing your degree by the end of the Spring semester. Spring semester classes will be added to your previously completed credits.*

MAJOR: _____

MINOR: _____

Please print your full legal name as you would like it to appear on your diploma:

Your hometown and state as it should appear in the Commencement Program:

Information concerning the Commencement Ceremony will be mailed in March and April. This information will be mailed to your current address on file at that time. **Please keep your address updated by contacting the Registrar's Office at 780-5230!**

Address to which your diploma should be mailed:

City State Zip Code

THIS FORM SHOULD BE SUBMITTED TO THE REGISTRAR'S OFFICE ON THE GORHAM CAMPUS, THE ENROLLMENT SERVICES OFFICE ON THE PORTLAND CAMPUS OR AT AN OFF-CAMPUS SITE. IF YOU CHOOSE TO MAIL IT, MAIL DIRECTLY TO THE REGISTRAR'S OFFICE, USM, 37 COLLEGE AVENUE, GORHAM, ME 04038 or fax to 780-5517.

LAC majors should submit to the Student Services Office on the Lewiston Auburn Campus. Mail to Pauline Pierre, USM, 51 Westminster Street, Lewiston, ME 04240, or fax to her attention at 753-6555.