



Name: _____ DOB _____
(Print your name **EXACTLY** as you wish it to appear on your diploma)

Current Mailing Address: _____
(Street Address or PO Box)

(City, ST Zip)

Phone: __ (____) _____ (day); __ (____) _____ (evening)

E-mail address: _____

Undergraduate/Other Degrees Previously Completed:

B.A. B.S. Other: _____

College or University Awarding Undergraduate/Other Degree(s):

Major: _____ Date Conferred: _____

City And State Of Legal Residence: _____

Degree and Emphasis To Be Completed:

MA MBA M.Ed. MSN DPT

Emphasis (if applicable): _____

Planned Completion Date: January May August Year: _____

Semester Hours Completed Toward Degree (include courses in progress): _____

Date of M.Ed. Comprehensive Exam: November March June Year: _____

I will will not participate in the May graduation ceremony.

Signature: _____ Date: _____

Please return this completed form to:

Office of Graduate Studies
Lynchburg College
1501 Lakeside Drive
Lynchburg, Virginia 24501-3199