Grar	nd Valley State Unive	ersity - App	lication for Graduate Diploma
Submit to Registrar prior to the se	mester you intend to graduate		Date submitted
Student G#: Contact Phone #:			Phone #:
Contact Email Address:			
Please <u>print</u> your legal name on	the line. This is how it will appe	ear on your diplo	ma: (i.e. first, middle, last)
<u> </u>		, ,	
Type of Degree:			
DNP	MHA	MSA	Major:
DPT	MHS	MSE	
EDS	MPA	MSN	Emphasis(es):
MA	MPAS	MST	
MBA	MS	MSW	If you would like to apply for certification, please go to
MED			the Michigan On Line Education Certification System at
Other			http://www.michigan.gov/moecs.
			_
Advisor's Name:			
	Circ	le Graduatio	on Session:
Fall	Winter	Spring/Su	
(December)	(April)	(Augus	
*If you would like to walk in a co Registrar's Office for instruction			an the degree completion term, please contact the
Permanent Mailing Address:			ur permanent address.
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address:	Apt #:		
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city, state, zip:			
Local Mailing Address:			
address:	Iress: Apt #:		
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city, state, zip:			
Have you previously applied for gr			
Yes	No	materials	and be released to hometown papers.
If "Yes" Semester/Year?		l wish to	have my name printed:
100 Comodon Four:		i Wisii to	Yes No

Completed diploma applications can be returned in-person to the Customer Service Windows in Allendale (Student Services Building) or Pew (115C DeVos), by fax to 616-331-2000, or by mail to the Registrar's office, 150 Student Services Building, Allendale, MI 49401.