



LINCOLN
UNIVERSITY
MISSOURI
est. 1866

Application for Graduation

Division of Graduate and Extended Studies
820 Chestnut Street
Jefferson City, MO 65101
Telephone: (573) 681-5125
Fax: (573) 681-5106
Email: gradschool@lincolnu.edu

Anticipated Date of Graduation: Semester _____ Year: _____

Today's Date _____

Name: _____ Student ID#: _____

Local Address: _____ Telephone #: _____

City, State, Zip: _____ E-Mail: _____

Are you currently enrolled? _____ If no, last term attended: _____

DEGREE (please check one)

- | | |
|---|---|
| <input type="checkbox"/> EdS in Educational Leadership, School Mental Health | <input type="checkbox"/> MA in Higher Education, HBCU Focus |
| <input type="checkbox"/> EdS in Clinical Mental Health Counseling | <input type="checkbox"/> MA in History |
| <input type="checkbox"/> MEd in Counseling, Community/Agency | <input type="checkbox"/> MA in Sociology |
| <input type="checkbox"/> MEd in Counseling, School Counseling (K-12) | <input type="checkbox"/> MA in Sociology/Criminal Justice |
| <input type="checkbox"/> MEd in Curriculum & Instruction, Elementary | <input type="checkbox"/> MBA in Business Admin, Accounting |
| <input type="checkbox"/> MEd in Curriculum & Instruction, Secondary | <input type="checkbox"/> MBA in Business Admin, Agribusiness |
| <input type="checkbox"/> M MEd in Curriculum & Instruction, Middle School (w/cert.) | <input type="checkbox"/> MBA in Business Admin, Entrepreneurship |
| <input type="checkbox"/> MEd in School Admin, K-12 | <input type="checkbox"/> MBA in Business Admin, Management |
| <input type="checkbox"/> MEd in School Admin, Special Ed Admin | <input type="checkbox"/> MBA in Business Admin, Mangt Info. Systems |
| <input type="checkbox"/> M.S. Natural Sciences | <input type="checkbox"/> MBA in Business Admin, Public Amin. & Policy |
| <input type="checkbox"/> M.S. Sustainable Agriculture | <input type="checkbox"/> Certificate in College Student Mental Health |

Will you be transferring credit from another institution during the last term to complete your degree? _____

If yes, state the course(s): _____ and the institution _____

**Candidates may required to complete a comprehensive examination and/or portfolio during their final semester. Please consult the academic department or school for the requirements and deadlines.*

Name to be used on the diploma – Full Legal Name is recommended (REVIEW CAREFULLY)

First Name: _____ Middle Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Advisor's Signature: _____ Date: _____

Your diploma will be mailed to you at the above address within 6 weeks from commencement.

IMPORTANT NOTICE: DIPLOMAS ARE DATED! APPLY FOR THE TERM IN WHICH ALL COURSEWORK (INCLUDING TRANSFER WORK) WILL BE COMPLETED PRIOR TO COMMENCEMENT. DIPLOMAS ARE ORDERED 8 WEEKS PRIOR TO COMMENCEMENT. APPLICATION AFTER THAT DATE MAY DELAY THE ISSUANCE OF THE DIPLOMA, BUT NOT GRADUATION. IF IT IS NECESSARY TO EXTEND YOUR GRADUATION DATE, PLEASE RE-APPLY SO THE PROPER DIPLOMA CAN BE ORDERED AND DEGREE REQUIREMENTS CAN BE RECHECKED!