

Application for Graduation

Date Completed: _____

Name: _____

_____ Day Program

Soc. Sec./ID # _____

_____ Kellett Site Name (Including Online)

Please give complete information concerning your graduation and return this form to: **The Office of The Registrar, WAK112, Lakeland College, P.O. Box 359, Sheboygan, WI 53082-0359.** If you have any questions, please call (920)565-1216. Lifelong Learning students, please contact your adult education counselor. Please notify us if you change your name, address, or phone number. Thank You.

Name as you wish it to appear on your diploma (PLEASE PRINT)



Degree: **ALL** graduates will receive a **BACHELOR OF ARTS** degree.

	Major 1	Major 2	Major 3
Major(s):			
	Minor 1	Minor 2	Minor 3
Minor(s):			

Teaching Certification? Yes: _____ No: _____

Circle the grade level for certification

PK-6 1-6 1-9 6-12 9-12 K-12

Please indicate the term of graduation by placing a check mark before the date and complete the year:

_____ September 1, 200_____	_____ Spring, 200_____
_____ December 31, 200_____	_____ May 31, 200_____
_____ January 31, 200_____	_____ June 15, 200_____