

**APPLICATION FOR GRADUATION**

Procedures:

1. The Application for Graduation must be submitted no later than **two weeks** after the start of the latest term of enrollment.
2. Forms are to be submitted to the Registrar's Office, downtown campus, Suite 220.
3. If the requirements are not completed at the end of the specified term, a **new** application must be submitted.
4. A pre-audit approval will be done after initial deadline has concluded. If you have not received an email confirmation, please contact the Registrar's Office immediately.

**STUDENT INFORMATION:** (Print your name as you would like it to **appear** on your diploma.)

- Mr.  
 Mrs.  
 Ms.

\_\_\_\_\_  
 First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
 Address                      City                      State                      Zip

\_\_\_\_\_  
 Student ID Number                      Email address

\_\_\_\_\_  
 Home Phone                      Work Phone

Expected completion: Term:     Fall             Spring             Summer            Year: 200\_\_\_\_\_

Do you plan to participate in the May graduation ceremony?     Yes     No

Degree/ Certificate Program

**Juris Doctor (JD)**  Certificate in:

- Environmental & Energy Law     Intellectual Property Law     International and Comparative Law     Criminal Litigation  
 Labor and Employment Law     Litigation and Alternative Dispute Resolution     Public Interest Law

**Master of Laws (LLM)** Concentration in:

- Family Law     Financial Services     International and Comparative Law     Taxation     International Intellectual Property

Please check this box if you are a joint degree student and **indicate** the degree(s): **(you must apply to each program separately)**

\_\_\_\_\_  
 (Joint Program)

I have read the content of this application and state that the information supplied here is correct. I understand that if I do not meet the requirements at this time, my application for graduation will be withdrawn.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

REGISTRAR'S OFFICE, 565 WEST ADAMS, SUITE 220, CHICAGO, ILLINOIS 60661  
312-906-5080(P), 312-906-5129(F)