

# Request to Add Graduation

The deadline to register online for graduation was 5:00 p.m. on the first Thursday of the semester. You may request to add graduation by submitting this completed form to the appropriate office:

Undergraduates - Degree Evaluations Office in 2202 C.B. Hedgcock, [degaudit@nmu.edu](mailto:degaudit@nmu.edu)

Graduates (MA/ED) - Graduate Studies Office in 401 Cohodas, [graduate@nmu.edu](mailto:graduate@nmu.edu)

## STUDENT INFORMATION:

Student ID Number	Last Name	First Name	MI
Major(s)		Minor(s)/Concentration(s)	

## DIPLOMA MAILING INFORMATION:

Local Street Address		
City	State	Zip Code
NMU Email Address (Required)		Contact Phone Number

## ADVISER INFORMATION:

Adviser Name	Adviser's E-mail Address
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### GRADUATION:

- |                                                                   |                                                                      |
|-------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> May/December Graduation<br>WITH Ceremony | <input type="checkbox"/> May/December Graduation<br>WITHOUT Ceremony |
| <input type="checkbox"/> August Graduation<br>WITH May Ceremony   | <input type="checkbox"/> August Graduation<br>WITHOUT Ceremony       |

### Undergraduate Degree:

- Certificate    Associate    Bachelor

### Graduate Degree:

- Master    Education Specialist    DNP

The graduation fee is applied to your NMU eBill at the time of registration.

Save the completed form to your computer then submit to the appropriate email address above from your @nmu.edu email address.

### For Office Use Only

#### REQUEST GIVEN TO AUDITOR

DATE: \_\_\_\_\_ AUDITOR: \_\_\_\_\_ GIVENBY: \_\_\_\_\_

#### APPROVED FOR \_\_\_\_\_ GRADUATION (Semester)

- YES   DATE: \_\_\_\_\_   INITIALS: \_\_\_\_\_  
 NO   DATE: \_\_\_\_\_   INITIALS: \_\_\_\_\_

#### ADDED TO GRADUATION

GRAD REGISTRATION NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_   INITIALS: \_\_\_\_\_

#### ADDED AFTER EG APPLIED

**EG applied**   DATE: \_\_\_\_\_   INITIALS: \_\_\_\_\_

#### Future Semester Enrollment Checked

DATE: \_\_\_\_\_   INITIALS: \_\_\_\_\_

Sign/Type Name

Date