

## APPLICATION FOR GRADUATION

A current student may apply for graduation in a given term by completing this form or by logging into [MCWconnect](#). All certificates are successfully completed for a student to graduate from the Medical College of Wisconsin. All holds must be cleared for a graduate to receive a diploma. A student intending to graduate will receive information about Commencement Week School/Program and Special Events. If a student does not meet graduation requirements, the student must complete a new application for graduation for the appropriate term.

Section 1 \_\_\_\_\_

Legal Name: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Please note, your diploma will reflect your first name, middle initial, and last name, as well as any suffix. Please indicate below \_\_\_\_\_

With the term in which you intend to graduate. If you intend to graduate in multiple terms with multiple degrees, please complete one form for each graduation term.

Graduation Term: Fall Spring Summer (Graduate School only)

Campus: \_\_\_\_\_ Program: \_\_\_\_\_

Anticipated Degree:

Certificate U 3 MA 0 ( MD MD/MPH MD/MS MMP MPH MS MSA PharmD PhD

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALL COMPLETED FORMS MUST BE RETURNED BY THE DEADLINE TO: Office of the Registrar, M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226 · [acadreg@mcw.edu](mailto:acadreg@mcw.edu) 414-955-873

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_