



MICHIGAN STATE UNIVERSITY COLLEGE OF LAW

APPLICATION FOR GRADUATION

Print Name: _____ Student ID: _____

Semester of Expected Graduation: FALL 20____ SPRING 20____ SUMMER 20____

NAME: _____ Please PRINT name exactly as it should appear on your diploma.

Contact Phone Number: _____

MSU Email Address: _____@msu.edu

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CANDIDATE FOR: _____ Juris Doctor (J.D.) _____ Master of Laws (L.L.M.) _____ Master of Jurisprudence (M.J.)

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You MUST complete the following information, if applicable:

DUAL DEGREE: NAME OF INSTITUTION: _____

NAME OF COLLEGE: _____

DEGREE TYPE: _____ (e.g., Masters, PhD.)

MAJOR: _____ (e.g., MBA, LIR, MPA)

CERTIFICATE(S): _____ (e.g.: Fieger Trial Practice Program, Chance at Childhood)

CONCENTRATIONS: 1) _____

2) _____

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BAR EXAMINATION INFORMATION

What state(s) do you plan on taking the Bar Exam in? _____

Month/Year of Exam: _____

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Student's Signature: _____ Date: _____

NOTE: It is recommended that you complete a Graduation Requirement Checklist at this time for your records. This form is located outside the Registrar's Office in the form box or on the web at http://www.law.msu.edu/academics/checklist.pdf

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OFFICE USE ONLY: SIS-APPL: _____ Termsumm updated: _____ Groupwise updated: _____

of diplomas mailed: _____ # of JP Awards mailed: : _____ # of Concentration certificates mailed: _____