

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

Specify 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 MA MEd (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 414-955-873

Registrar Signature: _____ Date: _____