



APPLICATION FOR GRADUATION

A current student may apply for graduation in a given term by completing this form or by logging in to [MCWconnect](#). All certificate or degree requirements must be 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 from their 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.
If you have changed/will change your name, please submit a [Name Change Form](#) to the Office of the Registrar.

MCW Email Address: _____

Personal Email Address (to be used after graduation): _____

Please indicate below 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 DrPH MA ME 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 /414-955-8733

Registrar Signature: _____ **Date:** _____