Application for Graduation from Martin Luther College
Master's Degree

Contact Information

Name: _____ Today's Date: _____

Email Address: _____ Phone: _____

Name exactly as you would like it to appear on your diploma

(This is your full legal name, not your nickname)

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Suffix (if applicable) (III, Jr., etc.): _____

I intend to graduate _____

(date)

It is your responsibility to notify the Records Office if your anticipated graduation date changes.

CAP/GOWN

Height	Regular	Special *1	Special *2
4'10 - 5'	Under 160 lbs	Over 161 lbs	Over 221 lbs
5'1 - 5'3	Under 180 lbs	Over 181 lbs	Over 241 lbs
5'4 - 5'6	Under 200 lbs	Over 201 lbs	Over 266 lbs
5'7 - 5'9	Under 230 lbs	Over 231 lbs	Over 296 lbs
5'10 – 6'	Under 260 lbs	Over 261 lbs	Over 331 lbs
6'1 - 6'3	Under 285 lbs	Over 286 lbs	Over 356 lbs
6'4 - 6'6	Under 310 lbs	Over 311 lbs	Over 386 lbs
6'7 - 6'9	Under 330 lbs	Over 331 lbs	Over 406 lbs
6'10 – 7'	Under 350 lbs	Over 351 lbs	Over 431 lbs

Height:_____ Gown: (Check one) ___Reg ___ Special *1 ___Special *2
Cap: _____ Reg (elasticized) ___X-Large (24-1/4" – 26" head size in inches)

Hood: *A master's hood will be provided for the ceremony. You have the option to purchase and keep it.* ***The cost to purchase and keep the master's hood is $95.00.***

_____ I wish to purchase and keep my master's hood.

Send completed application along with the **$140 graduation fee** and optional **$95.00 master's hood cost** to:

Martin Luther College
ATTN: Graduate Studies
1995 Luther Court
New Ulm MN 56073

Application Deadline: April 1

For Office Use Only

☐ Meets graduation requirements ☐ Does not meet graduation requirements

_____
Prof. John Meyer, Director of Graduate Studies

The information on this page is for the commencement service folder.

Home City: _____ State:_____ Country (if not U.S.): _____

Program Emphasis: _____

Undergraduate Degree

_____ _____

_____

Current Service

_____ City, State: _____

_____ Beginning date: _____

Previous Service

_____ City, State: _____

_____ Dates: _____

School: _____ City, State: _____

Duties: _____ Dates: _____

School: _____ City, State: _____

Duties: _____ Dates: _____

School: _____ City, State: _____

Duties: _____ Dates: _____

Capstone Project/Comprehensive Exam

(Check one) ☐ Comprehensive Exam

☐ Field Project ☐ Curriculum Development ☐ Internship ☐ Thesis

Title of Capstone Project: _____

Picture

Please submit a head shot that can be cropped to approximately 1" x 2". Pictures can also be emailed to John Meyer at meyerjd@mlc-wels.edu.

Reserved Seating for Commencement Service

We reserve a seat for each Master's graduate. Additional non-reserved seating is available for family members and friends. We encourage early arrival in order to select preferred seats.