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 $100.***

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

Send completed application along with the **$160 Graduation Fee** and optional **$100 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.

As of April 1st:

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

Program and Emphasis: _____

Current Service:

School: _____

City, State: _____

Starting Date: _____

Undergraduate Degree:

Degree: _____

School: _____

City, State: _____ **Grad Date:** _____

Additional Degree:

Degree: _____

School: _____

City, State: _____ **Grad Date:** _____

Additional Degree:

Degree: _____

School: _____

City, State: _____ **Grad Date:** _____

Picture

Please submit a head shot that are 1200 pixels wide by 1600 pixels high.
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. More details will be sent via email.

Graduate Studies
MARTIN LUTHER COLLEGE