Application for Graduation
LLM/MJ in ALS, GFL and IP Candidates

Print Name: ________________________________________  Student ID: ____________________________

Semester of Expected Graduation:  FALL/December 20__  SPRING/May 20__  SUMMER/July 20__

NAME: ______________________________________________________________

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

Contact Phone Number: ____________________________________________

MSU Email Address: __________________________________@msu.edu

Candidate for: (please indicate) __________ Master of Laws  __________ Master of Jurisprudence

Please check one:

☐ American Legal Systems
☐ Global Food Law
☐ Intellectual Property

Student's Signature: __________________________ Date: ______________

NOTE: It is recommended that you complete a Graduation Requirement Checklist for your records. Please contact your advisor for assistance.

This form can be faxed, mailed, scanned and emailed (via MSU account), or brought in person to the Registrar’s Office.

Michigan State University College of Law
Registrar’s Office
648 N. Shaw Ln., Room 309
East Lansing, MI 48824
Phone Number: 517-432-6820
Fax Number: 517-432-6821
Email: regist@law.msu.edu

OFFICE USE ONLY:
SIS-APPL: Date:____________  Staff Initials:____________
Outlook updated: Date:____________  Staff Initials:____________
Cum GPA: ______________
# of JP Awards mailed: ______________
# of diplomas mailed: ______________