

**LENOIR-RHYNE  
UNIVERSITY**

**APPLICATION FOR DEGREE**

**\*\*\*This is to be completed one year out from your planned graduation date.\*\*\***

1. Today's Date: \_\_\_\_\_
2. Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_
3. When do you expect to complete your degree?

\_\_\_\_\_  
(Example: May 2XXX, Aug 2XXX or Dec 2XXX)

**\*\*\*Graduation Ceremonies will only be held in May, however, degrees will be conferred in May, August and December.\*\*\***

4. Which campus' graduation ceremony will you be participating in?

Asheville \_\_\_\_\_ Columbia \_\_\_\_\_ Hickory \_\_\_\_\_

**\*\*Commencement Ceremonies will only take place in May\*\***

5. Check the degree for which you are applying:

**Undergraduate Degrees**

- \_\_\_\_ Bachelor of Arts  
\_\_\_\_ Bachelor of Music  
\_\_\_\_ Bachelor of Science

**Graduate Degrees**

- \_\_\_\_ Master of Arts  
\_\_\_\_ Master of Business Administration  
\_\_\_\_ Master of Divinity  
\_\_\_\_ Master of Public Health  
\_\_\_\_ Master of Sacred Theology  
\_\_\_\_ Master of Science  
\_\_\_\_ Master of Theological Studies

6. Please provide the following as applicable to you:

Major/Program of Study: \_\_\_\_\_

Second Major/Concentration: \_\_\_\_\_

Minor(s): \_\_\_\_\_

7. Academic Advisor/Program Coordinator: \_\_\_\_\_

8. Please provide the following contact information:

- Telephone number: \_\_\_\_\_
- LR Email address: \_\_\_\_\_

**Please return completed form to Registrar@lr.edu, or drop it off in the Enrollment Services Center in Hickory.**