

Request for Degree Candidate Deletion or Title Change Form

Email submission to gradsvcs@lsu.edu

Student Information:

LSU Student ID	Last Name	First Name	Middle Name
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Phone	LSU Email
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Department/School	Degree Sought (M.S., M.A., etc)
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Requested Change:

Title Deletion

Explanation:

Required Signatures:

Student: _____ Date: _____