



UNIVERSITY of WISCONSIN
UWMILWAUKEE
Registrar's Office
Student Services

Mellencamp Hall 274
PO Box 729
Milwaukee, WI
53201-0729
414 229-3800 *phone*
414 229-6940 *fax*

APPLICATION FOR DIPLOMA

DATE OF GRADUATION _____

IMPORTANT: Return this application and the \$40.00 Graduation Fee to UWM Registrar's Office, Mellencamp Hall, Room 274, P.O. Box 729, Milwaukee, WI 53201-0729.

Student ID Number: _____

PRINT your name as it appears on PAWS:

First

Middle

Last

School or College _____

(e.g.: Letters & Science)

Major/Option _____

(e.g.: History)

Degree _____

(e.g.: BS, BA)

CURRENT MAILING ADDRESS: _____
Street

City

State

Zip

MAILING ADDRESS FOR DIPLOMA IF DIFFERENT FROM ABOVE: _____
Street

City

State

Zip

Email address: _____

SIGNATURE _____ DATE: _____