

COLLEGE OF LIBERAL ARTS & SCIENCES

APPLICATION FOR A MASTER OF LIBERAL STUDIES DEGREE

(Complete only if you will receive your degree at Indiana University South Bend)

NAME _____
Last First Middle (or initial)

Address _____

City State Zip Code

STUDENT ID # _____

TELEPHONE _____

E-MAIL _____

Expected graduation date _____

Indicate how you want your name to appear on the diploma:
