

Indiana University South Bend

**APPLICATION  
FOR A MASTER OF LIBERAL STUDIES DEGREE**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

STUDENT ID # \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

EXPECTED GRADUATION DATE \_\_\_\_\_

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

\_\_\_\_\_

Please return this form to the MLS office by the end of the third week of the semester in which you plan to graduate.