



REQUEST FOR DEGREE CANDIDATE DELETION FORM

Email completed form to gradsvcs@lsu.edu

Student Information

Name: _____ LSU ID Number: _____

LSU Email: _____ Phone: _____

Degree Sought (M.S., M.A., etc.) : _____ Department: _____

Request Change: Deletion

Explanation:

Required Signatures

Student: _____ Date: _____

I authorize that all information provided on this form, including any and all personal and academic data be shared with the LSU Graduate School and Department to facilitate the request for title change or deletion. This data will be retained indefinitely. To learn more about privacy at LSU, please see the [LSU Privacy Statement](#).