



OFFICE OF THE REGISTRAR

APPLICATION FOR BACCALAUREATE DEGREE

All applications for graduation must be on file with the Registrar no later than the end of the 10th week of the semester PRIOR to the semester of completion. Applications are valid only for the year (Summer through Spring) in which they are submitted.

To Be Completed by the Student

Attending Commencement ?

YES

Please Type or Print Legibly in Ink

Year _____

NO

Print Name (as you wish it to appear on your diploma)

Student ID ^ (-0 xxxxxxx)

Semester of Graduation

Year of Graduation

Catalog Year

Major

2nd Major/2nd Degree

Minor

Hometown as you wish it to appear in the Commencement Program _____

Diploma Address (Street, City, State, Zip)

Phone (with Area Code)

*****IMPORTANT PLEASE READ*****

Please submit your completed application along with your DEGREE WORKS AUDIT & \$50 APPLICATION FEE to the Registrar's office, McMullen Hall 1st floor; Email : registrar@msubillings.edu

Signatures: Only student & advisor signatures are necessary at the time of application for graduation. The Registrar's Office will route to department after final grades are posted.

Advisor Name (print)

Advisor Signature

Date

NOTES: _____

*Signing this application overrides any non-disclosure forms signed in the past. Any and all graduation information will be released for public records. I have met with my faculty advisor and understand the requirements I must fulfill for graduation.

Degree Candidate Signature

Date

Email

Department Chair Signature

Date

Language Dept Chair (if needed)

Total Institution Earned Credits _____

Total Transfer Earned Credits _____

Total Incomplete Credits _____

Total Credits Currently Enrolled _____

TOTAL CREDITS _____

General Ed Complete _____

Major Requirements Complete _____

Minor Requirements Complete _____

University Requirements Met _____

GPA Requirements Met _____

Major Code(s) _____ College(s) _____ Degree(s) _____ Dept(s) _____

Program(s) _____ Minor(s) Code _____ Honors _____ GPA/Grad Yr _____

Paid? YES NO Receipt # _____ Date _____ Diploma Sent _____

This section is for office use only