

OFFICE OF THE REGISTRAR APPLICATION FOR CERTIFICATE, ASSOCIATE OR ASSOCIATE OF APPLIED SCIENCE 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.

Print Name (as you wish it to appear on your diploma) Semester of Graduation Year of Graduation Program Certificate Hometown as you wish it to appear in the Commencement Pro Diploma Address (Street, City, State, Zip) ***IMPORTANT PLEASE READ*** Please submit your completed application along with your DEGREE City College, Jacket Student Central. Email: registrar@msubillings.ec ***Advisors Please Complete This Section*** Student has met credit requirement for certificate or degree comples Student's Degree Works is updated with all exceptions/substitution Student has earned minimum credit hours and/or 51% of credits at Advisor Name (print) Advisor S *Signing this application overrides any non-disclosure forms signed in the records. I have met with my faculty advisor and understand the requirement conditions and the requirement for certificate or degree comples to the complete that the complete the complete that the complete	Catalog Yes Associate	ar (-0xxxxxxxx) atate of Applied Area Code)	Science EE to NO
Program Certificate Program Hometown as you wish it to appear in the Commencement Pro Diploma Address (Street, City, State, Zip) ***IMPORTANT PLEASE READ*** Please submit your completed application along with your DEGREE City College, Jacket Student Central. Email: registrar@msubillings.ed ***Advisors Please Complete This Section*** Student has met credit requirement for certificate or degree complete Student's Degree Works is updated with all exceptions/substitution Student has earned minimum credit hours and/or 51% of credits at Advisor Name (print) Advisor Name (print) *Signing this application overrides any non-disclosure forms signed in the records. I have met with my faculty advisor and understand the requirements.	Catalog Yes Associate	Area Code) YESYES	Science EE to NO NO
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Degree Candidate Signature	past. Any and all graduation	n information will	ate be released for public
	Date	Ema	ail
Department Chair Signature	Date		
Total Institution Earned Credits Total Transfer Earned Credits Total Incomplete Credits Total Credits Currently Enrolled TOTAL CREDITS	General Ed Complete Major Requirements Co City College "C" Grade I GPA Requirements Met	Requirements Me	
Major Code(s) College(s) Degree(s	Dept(s	5)	_
Program(s) GPA/Gra Paid? YES NO Receipt # Date Diploma	d Yr		