

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 S	At	Attending Commencement? YES				
Please Type or Print Legi	bly in Ink	Ye	ear		NO	
Print Name (as you wish it to a	ppear on your diploma		Student ID ^ (-0 xxxxxxx)			
Semester of Graduation	Year o	f Graduation	Catalog Year			
Major	2nd M	ajor/2nd Degree	Minor			
Hometown as you wish it t	o appear in the Com	mencement Program				
Diploma Address (Street, City, State, Zip)			Phone (with Area Code)			
***IMPORTANT PLEAS: Please submit your comple \$50 APPLICATION FEE to	eted application alo			·@msubill	lings.edu	
Signatures: Only student will route to department a	•	•	ime of application for ξ	graduation	n. The Reg	istrar's Office
Advisor Name (print)		Advisor Signature		Date		
NOTES:						
*Signing this application overri records. I have met with my fa					ill be released	l for public
Degree Candidate Signature		Date]	Email		
Department Chair Signature		Date]	 Language]	Dept Chair	(if needed)
Total Institution Earned Cre Total Transfer Earned Credit Total Incomplete Credits Total Credits Currently Enro TOTAL CREDITS		Major Red Minor Re University	d Complete -quirements Complete quirements Complete Requirements Met Irements Met			This section is for office use only
Major Code(s)	_ College(s)	Degree(s)	Dept(s)			fice t
Program(s)N	/linor(s) Code					ıse (
Paid? YES NO Receipt #	Date	Diploma Sent				only