



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.

To Be Completed by the Student

Please Type or Print Legibly in Ink

Attending Commencement ? YES
 Year _____ NO

Print Name (as you wish it to appear on your diploma) _____ Student ID (-0_____) _____

Semester of Graduation _____ Year of Graduation _____ Catalog Year _____
 Program _____ Certificate Associate Associate of Applied Science

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 City College, Jacket Student Central. Email: registrar@msubillings.edu

Advisors Please Complete This Section		
Student has met credit requirement for certificate or degree completion	YES ___	NO ___
Student's Degree Works is updated with all exceptions/substitutions	YES ___	NO ___
Student has earned minimum credit hours and/or 51% of credits at MSUB/City College	YES ___	NO ___

Advisor Name (print) _____ Advisor Signature _____ Date _____

*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 _____

Total Institution Earned Credits _____	General Ed Complete _____
Total Transfer Earned Credits _____	Major Requirements Complete _____
Total Incomplete Credits _____	City College "C" Grade Requirements Met _____
Total Credits Currently Enrolled _____	GPA Requirements Met _____
TOTAL CREDITS _____	

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

Program(s) _____ GPA/Grad Yr _____

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

This section is for office use only