

APPLICATION FOR GRADUATION

Please review the section in the catalog entitled “Graduation Requirements”

Name as you wish it to appear on diploma: _____

If you have a maiden or new married name, do you want it listed for news releases and the commencement program? If so, please list: _____

Name Pronunciation (sounds like, etc.): _____

Hometown: _____ Hometown Newspaper: _____

High School graduated from: _____

Student ID #: _____ DOB: _____

Home Address to which diploma can be mailed: _____

(Diplomas are ordered after your degree is posted and will be mailed to the address above)

Phone number: _____

Email address: _____

Father’s name and address: _____

Mother’s name and address: _____

Semester in which your degree will be completed: _____

Advisor: _____ Catalog the degree will be completed under: _____

Are you a transfer student? _____ Are you a distance student? _____

Do you plan to receive an additional degree at MaSU? _____ (If yes, a new Application for Admission must be filed.)

All students are encouraged to attend commencement exercises each May. Will you be attending?

Yes _____ No _____

**If your plans change, it is your responsibility to contact the Office of Academic Records at records@mayvillestate.edu

For office use only: Advisor Note added to Starfish _____

Fill in the degree you are pursuing:

Master of Arts in Teaching Degree (MAT) Major: _____

Bachelor of Science in Education Degree (BSED)

Major(s): _____ Minor(s): _____

Bachelor of Science in Nursing Degree (BSN)

Major(s): _____ Minor(s): _____

Bachelor of Science Degree (BS)

Major(s): _____ Specializations: _____

Minor(s): _____

Bachelor of Arts Degree (BA)

Early Childhood BA ONLY Professional Course Option:

Major(s): _____

Minor(s): _____

Specializations: _____

Bachelor of University Studies Degree (BUS)- if you are pursuing this degree, your major will be University Studies

Major: _____

Minor(s): _____

Bachelor of Applied Science Degree (BAS)

Major: _____

Minor(s): _____

Associate of Arts Degree (AA-Two Year)

Major: _____

Do you plan to pursue a 4-year degree at MaSU? _____

Emergency Responder Certificate of Completion (available 2013)

To electronically submit this form, save the form to your computer, attach it to an email to records@mayvillestate.edu

Your official graduation audit will be sent electronically to you and your advisor through Mayville State University email.

For office use only: Entered: _____ Grad Database ID: _____

For office use only: Program Plan: _____ Grad Term: _____ Change to Applied: _____