DATE:		

APPLICATION FOR GRADUATION

Please review the section in the catalog entitled "Graduation Requirements".

Name as you wish it to appear on dip	oloma:		
		ews releases and the commencement progra	_
Hometown:	Hometown Newspaper:		
High School graduated from:			
Student ID #:	SSN:	DOB:	
Home Address to which diploma car	ı be mailed:		
(Diplomas are ordered after your degree is	s posted and will be mailed to the addre	<u>ss above)</u>	
Phone number where you can be rea	ched:		
Father's name and address:			
Mother's name and address:			
Semester in which your degree will l	be completed:		
Advisor:	Catalog the degree w	ill be completed under:	
Are you a transfer student?	Are you a distance stu	udent?	
Do you plan to receive an addition	al degree at MaSU?(If	yes, a new Application for Admission mu	st be filed.)
All students are encouraged to attend	1 commencement exercises each N	May. Will you be attending?	
Ves No	Uncure (we will con	tact you in April to confirm)	

Fill in t	he degree you are pursuing:			
*****	**************************************	****************		
	Bachelor of Science in Education Degree (BSED)			
	Major(s):	Minor(s).		
*****		Minor(s):		
	Bachelor of Science Degree (BS)			
	Buchelor 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):			
*****		*************		
	Bachelor of University Studies (BUS)- if you are pur	suing this degree, your major will be University Studies		
	Major:	Minor(s):		
*****		MINOT(S):		
	Bachelor of Applied Science (BAS)			
	Buchelor of Applica Science (BAS)			
	Major:	Minor(s):		

	Associate of Arts Degree (AA-Two Year)			
	Major:	Do you plan to pursue a 4-year degree at MaSU?		
*****	*************	****************		
	Plasmid Science Certificate of Completion (available Spi	ing 2013)		
	Title I Certificate of Completion (available Spring 2013)			
_				
	Emergency Responder Certificate of Completion (avail	able 2013)		
To alcate	onically submit this form, save the form to your computer, and then at	tach it to an amail to records@manyillestate adv		
10 electro	omeany suomit uns form, save the form to your computer, and then at	ach it to an eman to <u>records@mayvinestate.edu</u>		
For offi	ce use only: Entered: Grad Database ID:	Program Plan: Grad Term: IT:		