Application to Graduate

Email: Registrar@MissouriState.edu
Phone (417) 836-5520, Fax (417) 836-6334
901 S National Ave, Carrington Hall 320
Springfield, MO 65897



Form revised 8/3/2021

BearPass #: M	Semester of Graduation:	Fall		Spring	Summer
			Year	Year	Year
Print name EXACTLY as you wa	nt it to appear on the diploma:				
First Name	Middle Name or Initial		 Las	t Name	
Mail diploma to:					
Name:			_		
Address:			-		
City, State, Zip					
Provide additional information instructions for diploma:	such as pending transfer credit, pendi	ing co	urse sub	stitutions, or sp	ecial handling
Indicate your degree/certific	rate:				
Bachelor of					
Master of					
Doctoral of					
Certificate in					
Major/Minor:					
1 st Major:	1 st M	inor:			
2 nd Major:	2 nd N	linor:			
Additional Major(s) or Minor(s):					
For future communications, ple	ease provide your contact information	ո։			
Daytime phone number:	Personal email add	dress:			
Initial each of these items, indica	ating that you understand, for this Appl	icatio	n to Grad	luate to be prod	essed:
discussed them with my academic any remaining graduation deficience. I understand that this application. I must contact the Office of the	ee audit to check my eligibility for graduati advisor or a staff member in the Office of cies. I understand if I fail to resolve all defi- plication is only for the semester indicated e Registrar by email (registrar@missourista o submit a new Application to Graduate fo	the Reciencie above ate.ed	egistrar. I es that I w e. If I wish	understand what vill be removed fr to remove myse	I need to do to resolve om the graduation list If from the graduation
	nencement website (http://www.missour lines, scholastic honors eligibility rules, inf		-	•	
Student Signature:				Date:	