APPLICATION TO GRADUATE
Revised 10/10/13

901 S. National Avenue • Carrington Hall • Room 320 • Springfield, MO 65897
Ph (417) 836-5520 • Fax (417) 836-6334

OFFICE OF THE REGISTRAR

BearPass #: M________________________________ Semester of Graduation: Fall ______ Spring _____ Summer _____

Print your name EXACTLY as you want it to appear on the diploma:

__________________________ ____________________________ ____________________________
First Name             Middle Name or Initial             Last Name

Select An Option for Receiving your Diploma:

☐ Mail Diploma to:
   Name:________________________________________
   Address:________________________________________
   City, State, Zip:________________________________

☐ Pickup in the Office of the Registrar - CARR 320
☐ Pick-up by someone else in the Office of the Registrar – CARR 320:
   Name of Person Picking up Diploma:

If you choose a Pickup option, you will receive an email to your Missouri State email account when your diploma is ready to be picked up, approximately 4-6 weeks after commencement.

Indicate your degree:

☐ Bachelor of Arts (BA)  ☐ Bachelor of Applied Science (BAS)
☐ Bachelor of Science (BS)  ☐ Bachelor of Music Education (BME)
☐ Bachelor of Music (BMUS)  ☐ Bachelor of Science in Nursing (BSN)
☐ Bachelor of Fine Arts (BFA)  ☐ Bachelor of Science in Education (BSED)
☐ Bachelor of Social Work (BSW)  ☐ Bachelor of Science in Athletic Training (BSAT)

Major/Minors:

1st Major: ____________________________ 1st Minor: ____________________________
2nd Major: ____________________________ 2nd Minor: ____________________________

Additional Major(s)/Minor(s): ____________________________

Initial each of these items, indicating that you understand, for this Application to Graduate to be processed:

I have reviewed my degree audit to check my eligibility for graduation. If there were any graduation deficiencies, I have discussed them with my academic advisor or a staff member in the Office of the Registrar. I understand what I need to do to resolve any remaining graduation deficiencies. I understand if I fail to resolve all deficiencies that I will be removed from the graduation list.

I understand that this application is only for the semester indicated above. If I wish to remove myself from the graduation list, I must contact the Office of the Registrar by email (registrar@missouristate.edu) to do so. If I need to change my semester of graduation, it is my responsibility to complete a new Intent to Graduate.

I have reviewed the commencement website (http://www.missouristate.edu/commencement) which contains commencement dates/times/deadlines, scholastic honors eligibility rules, information on ordering cap/gown, and a graduation checklist.

Student Signature: ____________________________ Date: ____________________________