

APPLICATION TO GRADUATE

Revised 11/7/19

OFFICE OF THE REGISTRAR901 S. National Avenue ▪ Carrington Hall ▪ Room 320 ▪ Springfield, MO 65897 ▪ registrar@missouristate.edu

Ph (417) 836-5520 ▪ Fax (417) 836-6334 ▪ Office Hours: Monday – Friday 8:00am – 5:00pm, Thursday 9:00am – 5:00pm

BearPass #: M _____ **Semester of Graduation:** Fall _____ Spring _____ Summer _____
Print your name **EXACTLY** as you want it to appear on the diploma: _____
Year Year Year

_____ **First Name** _____ **Middle Name or Initial** _____ **Last Name**

Select An Option for Receiving your Diploma: **Mail Diploma to:**

Name: _____

Address: _____

City, State, Zip: _____

 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.** **Pickup** in the Office of the Registrar - CARR 320

Use this box to provide us with any additional information, such as pending transfer coursework, course substitutions or any special handling instructions for diplomas.

Indicate your degree: Bachelor of _____ Master of _____ Doctoral of _____**Major/Minors:**1st Major: _____1st Minor: _____2nd Major: _____2nd Minor: _____

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

Future Communication: Please provide your contact information

Phone number _____

Personal email _____

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: _____