Graduate Student Application for Graduation

Missouri University of Science and Technology
Office of the Registrar

103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

Name ____ Student ID __________________________

Address ____ Date ______________________________

____

Student E-Mail Address ____

Major _____________________ Degree (Select One) ☐MBA ☐ME ☐MS ☐MST ☐PHD ☐DE

Graduation Application Term is (Select One) ☐ Fall (Dec) ☐ Spring (May) ☐ Summer (Aug)

Specify Year ________________________

Name to be used on the diploma – Full Legal Name is recommended (Print Clearly)

First Name	Middle Name	Last Name

Address for mailing diploma after graduation (Print Clearly)

Street Address	City	State	Zip

Your diploma will be mailed to you at the above address within 4 weeks from commencement.

☐ Check here if you do NOT want your name listed in the commencement program.

♦♦♦

Graduate Students have a 4 week deadline to apply for graduation. Forms received in the Registrar's Office after the 20th class day of the graduation term must be accompanied by the following appeal of the regulations.

BASIS FOR THE APPEAL:

___ APPROVED ______________________________ ______________
Department Chair Date
___ DENIED

___ APPROVED ______________________________ ______________
Vice Provost for Graduate Studies Date
___ DENIED

Copies to: White – Registrar Blue – Department Dk Yellow – VPGS Pink – Student

Revised: 11/6/2007