

Graduate Student Application for Graduation

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/

Missouri University of Science and Technology Office of the Registrar

Name			Student ID	Student ID		
Address			Date			
			For important inforr http://registr		mencement, visi	
Student E-M	ail Address					
Major		Degree (Select One) ☐ME	BA	MST □PHD □]DE	
Requiremen	ts will be completed in	☐ Fall (Dec) ☐ Spring	•	ug) Year		
Name to be	used on the diploma –	Full Legal Name is recommo	ended (Print Clearly)			
First Name		Middle Name	iddle Name Last Name			
Address for	mailing diploma after g	raduation (Print Clearly)				
Street Address			City		State Zip	
Your diploma	a will be mailed to you	at the above address within	4 weeks from commer	ncement.		
☐ Check he	re if you do NOT want	your name listed in the com	mencement program.			
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Graduate S Office after the regulat	the 20 th class day o	ek deadline to apply for of the graduation term mu	graduation. Forms red est be accompanied b	ceived in the Roy y the following	egistrar's gappeal of	
BASIS FOR T	HE APPEAL:					
APPROVEI	D	December of Ober				
DENIED		Department Chair		Date		
APPROVEI		Vice Provost for Graduate Studies		 Date		
DENIED		Salara Sa				
Copies to:	White - Registrar	Blue - Department	Yellow - VPGS		Email – Student	