

Revised: 06/11/2013

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 _		
Address			Date		<u></u>
			For important in	formation about comm istrar.mst.edu/comme	nencement, visit
Student E-Ma	ail Address				
Major		Degree (Select One) ☐MBA	∆ □ME □MS	□MST □PHD □	DE
Requirements	s will be completed in	☐ Fall (Dec) ☐ Spring (M	=	(Aug) ify Year	
Name to be u	used on the diploma –	Full Legal Name is recommer	nded (Print Clearly)		
First Name	irst Name Middle Name Last Name				
Address for n	nailing diploma after g	raduation (Print Clearly)			
Street Addre	PSS	Ci	ty	State	Zip
Your diploma	will be mailed to you	at the above address within 4	1 weeks from comn	nencement.	
☐ Check her	re if you do NOT want	your name listed in the comm	nencement progran	n.	
	pplication for gradu	ation is submitted, a \$75 g			
	the 20th class day of	ek deadline to apply for gr f the graduation term mus			
BASIS FOR T	HE APPEAL:				
APPROVED		Department Chair		Date	
APPROVED		ice Provost for Graduate Studies		Date	
Copies to:	White – Registrar	Blue - Department	Yellow – VP	Yellow – VPGS Email – Studer	