



OFFICE OF THE REGISTRAR

APPLICATION FOR MASTER'S DEGREE

All applications for graduation must be on file with the Registrar no later than the end of the 10th week of the semester PRIOR to the semester of completion. Applications are valid only for the year (Summer through Spring) in which they are submitted.

To Be Completed by the Student

Attending Commencement ?

YES

Please Type or Print Legibly in Ink

Year _____

NO

Print Name (as you wish it to appear on your diploma)

Student ID ^ (-0xxxxxx)

Type of Degree: Master of Science Master ____ Master of Education ____

College: Health Professions & Sciences Liberal Arts & Social Sciences Education

Semester of Graduation

Year of Graduation

Catalog Year

Major

Option

Hometown as you wish it to appear in the Commencement Program _____

Diploma Address (Street, City, State, Zip)

Phone (with Area Code)

IMPORTANT PLEASE READ

Please submit your completed application along with your DEGREE WORKS AUDIT, SIGNED PLAN OF STUDY & \$50 APPLICATION FEE to the Registrar's office, McMullen Hall 1st floor; Email : registrar@msubillings.edu

*****Advisors Please Complete This Section*****

Student has met credit requirement for degree completion	YES ____	NO ____
Student has updated Plan of Study on file with the Office of Graduate Studies	YES ____	NO ____

Advisor Name (print)

Advisor Signature

Date

*Signing this application overrides any non-disclosure forms signed in the past. Any and all graduation information will be released for public records. I have met with my faculty advisor and understand the requirements I must fulfill for graduation.

Degree Candidate Signature

Date

Email

Department Chair Signature

Date

Director of Graduate Studies Signature

Date

Total Institution Earned Credits	_____	Major Requirements Complete	_____
Total Transfer Earned Credits	_____	University Requirements Met	_____
Total Incomplete Credits	_____	GPA Requirements Met	_____
Total Credits Currently Enrolled	_____	Bachelor Degree	_____
TOTAL CREDITS	_____		

Major Code(s) _____ College(s) _____ Degree(s) _____ Dept(s) _____

Program(s) _____ GPA/Grad Yr _____

Paid? YES NO Receipt # _____ Date _____ Diploma Sent _____

This section is for office use only