



# 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