



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 (-0_____)

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 _____

Total Transfer Earned Credits _____

Total Incomplete Credits _____

Total Credits Currently Enrolled _____

TOTAL CREDITS _____

Major Requirements Complete _____

University Requirements Met _____

GPA Requirements Met _____

Bachelor Degree _____

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