MICHIGAN STATE UNIVERSITY APPLICATION FOR GRADUATION

Office of the Registrar - Degree and Certification
Hannah Administration Building, 426 Auditorium Rd, Room 150, East Lansing, MI 48824-2603
Fax: 517-353-1935 Web: www.reg.msu.edu

Please print in ink and submit to the above address by the first week of the semester you expect to complete your degree requirements. Summer candidates should apply by the first week of Spring Semester.

| PID: | SEMESTER YOU EXPECT TO COMPLETE REQUIREMENTS: Semester Year |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | U WANT IT TO APPEAR ON DIPLOMA: cate spaces and capital/small letters) |
| MAILING ADDRESS (Diploma will be mailed 4 | FOR DIPLOMA: to 6 weeks after your degree has been granted unless you have a hold on your record prohibiting your diploma from being released.) |
| | would like your name listed in the commencement program and notification sent to the media / newspaper, regardless of directory ave previously indicated. |
| COMMENCEMENT P | |
| YES | I want my name to be included in the commencement program. |
| NO | I do not want my name to be included in the commencement program. |
| MEDIA / NEWSPAPE | R NOTIFICATION |
| YES | I want my graduation and awards made available to the media / newspaper. |
| NO | I do not want notification of my graduation and awards sent to the media / newspaper. |
| CANDIDATE FOR: | Bachelor of |
| | Master of |
| | Doctor of |
| | MAJOR: |
| | COLLEGE: |
| | Educational Specialist - Check if applicable |
| If you are completing a | mation the Registrar's Office should know: an additional major, a specialization, a minor, etc., please list in the space below. Il appear on your MSU transcript. It will not appear on your diploma. |
| Signature: | Date: |
| Local phone: | Email: |

