APPLICATION FOR UNDERGRADUATE DEGREE

MINNESOTA STATE UNIVERSITY MOORHEAD

Purpose: All candidates for a baccalaureate degree must declare their intent to graduate so that the University acknowledges and records all degrees, program majors and minors on the final academic record. ***If your Degree Audit is accurate, ALL YOU NEED TO SUBMIT FOR GRADUATION IS THIS ONE PAGE FORM.***

Deadline:

If you are graduating:	Submit completed form:
Fall Semester	no later than the 1st week of September
Spring or Summer Semester	no later than the third week of January

Submit form to: Records Office, Owens Hall 104

Diploma Mailing: Diplomas will be mailed to the Permanent Address

---

PRINT LEGIBLY AND COMPLETE IN FULL

I. **Name:** _____ **Dragon ID:** _____

The legal name currently listed in with the Records Office is how your name will appear on your diploma and in the Commencement Program. If you wish to change this name, you must provide official documents to the Records Office, Owens Hall 104.

E-mail: _____ **Advisor:** _____

Permanent Address (diplomas will be mailed to this address about 2 months after the last day of the semester you graduate)**:**

_____
Street Address

_____
City, State & Zip

II. **Semester and year you expect to complete <u>all</u> requirements** (select one):

☐ FALL ☐ SPRING ☐ SUMMER **YEAR** 20_____

Commencement – Do you plan to attend: ☐ Yes ☐ No ☐ Don't Know

Degree (select one abbreviation):

☐ A.A. ☐ B.A. ☐ B.F.A. ☐ B.Mus. ☐ B.S. ☐ B.S.N. ☐ B.S.W.

College (select one):

☐ Arts & Humanities ☐ Business & Industry ☐ Education & Human Services ☐ Social & Natural Sciences

Major(s): 1_____ 2_____

Emphasis: 1_____ 2_____

Minor(s): 1_____ 2_____

III. _____ _____
Student signature Date

_____ _____
Academic Advisor signature Date

_____ _____
FIRST MAJOR Department Chair signature Date **SECOND MAJOR** Department Chair signature Date

_____ _____
FIRST MINOR Dept. Chair signature Date **SECOND MINOR** Dept. Chair signature Date

Final reminder to submit ***Departmental Request for Course Exception Forms*** to the Records Office