

MISSOURI WESTERN STATE UNIVERSITY

Application for Graduation - Graduate Degree

Directions - This application is a fillable form. Please complete it as such. The appropriate graduation fee must be submitted with this form (\$80 first degree; \$40 each additional degree). Credit card payments may be submitted by completing the information on the second page of this application. Graduation applications should be mailed to the Registrar's Office or faxed to 816-271-4229.

G Number _____

NAME (as it should appear on diploma)

LAST _____

FIRST _____ MIDDLE _____

DIPLOMA ADDRESS (your diploma will be mailed to this address)

Street _____

City, State, Zip Code _____

Telephone (Home) (____) _____ (Cell) (____) _____

- Graduation correspondence sent by e-mail will always be sent to your MWSU account.
- Graduation correspondence sent by postal service will always be sent to your most current mailing address on file.

Degree applying for:

- Certificate- Autism Spectrum Disorders
- Certificate- Forensic Investigations
- Certificate- TESOL
- Certificate- Teaching of Writing
- MSN- Health Care Leadership
- MAA- Integrated Media
- MAA- Written Communication
- MAS- Assessment
- MAS- Applied Science
- MAS- Forensic Investigations

Semester of Graduation (If you are registering in any summer courses to complete degree requirements please mark Summer.)

FALL SPRING SUMMER YEAR _____

Cap and Gown Information:

HEIGHT _____ BUILD (check one) S M L XL

Do you plan to attend the Commencement Program? YES NO

May Commencement Program recognizes **both** Spring and Summer graduates; December Commencement Program recognizes Fall graduates only.

Will you be taking courses at any institution other than MWSU during your last semester before graduation?

YES NO

If yes, please list the institution(s) and the course(s) - indicate if taking courses by correspondence:

**One official transcript, issued to the student, will be sent with the diploma.
Official transcripts with graduation information and the MWSU diploma will not be released if
any financial obligation exists with the University.**

Office use only

Date graduation fee paid _____ Amount _____

Credit Card Payment

Credit card payment must include the following:

Student Name: _____

Student I.D. Number (G # or SSN): _____

Card Holder Name: _____

Card Holder Address: _____

City: _____ St: _____ Zip: _____

VISA MASTERCARD DISCOVER

Card Number: _____ - _____ - _____ - _____ Exp.: ____/____ CVV #: _____

Amount Due - \$80 graduation fee for the first degree (additional \$40 for subsequent degrees): _____

Signature: _____

Date: _____