MINNESOTA STATE UNIVERSITY, MANKATO

College of Graduate Studies and Research, 115 Alumni Foundation Center, Mankato, MN 56001 507-389-5684 (V), 800-627-3529 or 711 (MRS/TTY)

Application for Graduation

Please check with the Graduate Office for deadline dates.
(Questions should be directed to the Graduate Studies Coordinator at 389-5684.)

Name: _____ Tech ID#: _____
(Print your name as you want it to appear on your diploma)

Term of Graduation (check one): ❒ Summer ❒ Fall ❒ Spring 20_____

Degree (check one):
❒ MS ❒ MA ❒ MBA
❒ MFA ❒ MAT ❒ Specialist
❒ MM ❒ MSN ❒ Certificate

Major: _____
Capstone Experience: ❒ Thesis ❒ Alternate Plan Paper ❒ Other (please describe)
_____

Mailing Address: _____
City State Zip Code

E-mail Address: _____

Telephone #: (_____) _____

_____
Student Signature Date

Masters, Specialist or Certificate Program (*please print or type*)

Program Courses			
Dept. and Course No.	**Course Title**	**Credits**	**T***

Total credits for degree _____

*T = transfer courses (maximum 10 – consult Graduate Bulletin for more information)

Approved *(Committtee & graduate program coordinator sign and then submit to Graduate Office.)*

1. _____ _____
Advisor/Chair of Committee Date

2. _____ _____
Date

3. _____ _____
Date

_____ _____
Graduate Program Coordinator's Signature Date

For Graduate Office Use

_____ _____
Graduate Studies Coordinator Date

_____ _____
Graduate College Dean Date

FORM:Grad.Off.-18/Rev.11-04

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This document is available in alternative format to individuals with disabilities by calling the College of Graduate Studies and Research at 507-389-2321 (V), 800-627-3529 or 711 (MRS/TTY).