



# MISSISSIPPI VALLEY STATE UNIVERSITY

OFFICE OF STUDENT RECORDS/UNIVERSITY REGISTRAR  
 MVSU 7264 | 14000 HWY 82 WEST | 662-254-3321  
 ITTA BENA, MISSISSIPPI 38941-1400

## APPLICATION TO GRADUATE

**I AM APPLYING FOR:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BACHELOR OF SCIENCE DEGREE        | <input type="checkbox"/> BACHELOR OF ARTS DEGREE           | <input type="checkbox"/> BACHELOR OF MUSIC EDUCATION DEGREE |
| <input type="checkbox"/> BACHELOR OF SOCIAL WORK DEGREE    | <input type="checkbox"/> MASTER OF ARTS IN TEACHING DEGREE |   |
| <input type="checkbox"/> MASTER OF SCIENCE                 | <input type="checkbox"/> MASTER OF ARTS                    |   |
| <input type="checkbox"/> MASTER OF BUSINESS ADMINISTRATION | <input type="checkbox"/> MASTER OF SOCIAL WORK             |   |

TO: FACULTY, DEPARTMENT CHAIR AND DEAN

I HEREBY RESPECTFULLY PETITION TO BE RECOGNIZED AS A CANDIDATE FOR GRADUATION UPON MY COMPLETION OF ALL REQUIREMENTS FOR THE DEGREE FOR WHICH I INDICATED. PLEASE PRINT LEGIBLY.

NAME FIRST		MIDDLE		LAST	
STUDENT ID NUMBER		DATE OF APPLICATION		TELEPHONE NUMBER	
HOME COUNTY		PERMANENT HOME ADDRESS		STREET	
CITY		STATE		ZIP	
E-MAIL ADDRESS		<input type="checkbox"/> I WILL PARTICIPATE IN COMMENCEMENT		<input type="checkbox"/> I WILL NOT PARTICIPATE IN COMMENCEMENT	
MAJOR		DATE OF EXPECTED GRADUATION		MONTH DAY YEAR	

**I UNDERSTAND THAT**

- I MUST SUBMIT ONE APPLICATION FOR EACH MAJOR DEGREE THAT I AM SEEKING.
- IF I DO NOT COMPLETE THE REQUIREMENTS FOR GRADUATION DURING THE SEMESTER FOR WHICH I HAVE APPLIED, I MUST REAPPLY FOR GRADUATION FOR A FUTURE SEMESTER.
- CAPS AND GOWNS ARE RENTED THROUGH THE MVSU BOOKSTORE LOCATED IN THE STUDENT UNION.
- MY DIPLOMA WILL BE MAILED TO THE ADDRESS LISTED IN THE BANNER SYSTEM (MVSU STUDENT DATABASE). I MUST MAKE SURE MY MAILING ADDRESS IS CORRECT IN THE BANNER SYSTEM.
- THE OFFICIAL NAME ON FILE WILL APPEAR ON THE DIPLOMA. IF MY NAME HAS CHANGED, I UNDERSTAND THAT I MUST SUBMIT A "CHANGE OF RECORD FORM" TO THE OFFICE OF STUDENT RECORDS WITHIN THREE (3) WEEKS PRIOR TO COMMENCEMENT.

APPLICANT'S SIGNATURE

DATE

**A P P R O V E D S I G N A T U R E S**

DEPARTMENT CHAIR

COLLEGE DEAN

UNIVERSITY PROVOST

DIRECTOR OF STUDENT RECORDS

ALL FOUR APPROVED SIGNATURES MUST BE AFFIXED FOR APPLICATION TO BE VALID

THIS APPLICATION SHOULD BE FILED WITH THE DIRECTOR OF STUDENT RECORDS/UNIVERSITY REGISTRAR THREE MONTHS PRIOR TO THE COMPLETION OF YOUR DEGREE REQUIREMENTS/COMMENCEMENT