

**DEGREE APPLICATION FORM**

**Must be submitted by all 2011-2012 graduates by November 14, 2011.**

Legal Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Permanent

Address: \_\_\_\_\_

Street Address City State Zip

Local Address (If different from above)

Street Address City State Zip

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Resident Student: Room \_\_\_\_\_

I hereby make application for my degree.

DIPLOMA NAME: \_\_\_\_\_

Please print your LEGAL name exactly the way you want it to appear on your diploma.

DEGREE (Please circle one): AA BS BA BSN MA MBA M.A.T.

MAJOR(S): \_\_\_\_\_

MINOR or CONCENTRATION (if applicable): \_\_\_\_\_

DATE YOU WILL COMPLETE YOUR DEGREE (Check one):

\_\_\_ Fall 2011 \_\_\_ Spring 2012 \_\_\_ Summer 2012

PARTICIPATION IN COMMENCEMENT EXERCISES: \_\_\_ Yes \_\_\_ No

Note: May Commencement exercises are for persons completing degree requirements in Fall 2011, Spring 2012, or Summer 2012.

ACCEPTANCE OF RESPONSIBILITIES:

- I understand that my graduation will be postponed if I fail to meet all degree requirements.
- I understand that it is my responsibility to notify the Registrar (in writing) of any changes in my graduation plans, academic program, or current address.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE RETURNED, REGARDLESS IF YOU INTEND TO PARTICIPATE OR NOT**

**Please return form by November 14, 2011 to:**

Wanda Owen  
Associate Registrar  
University of Saint Mary  
4100 S. Fourth Street  
Leavenworth, KS 66048-5082