Application to Graduate

Instructions: Please complete this form and submit it to the Registrar's Office in 119 Montgomery Hall as soon as you know your anticipated degree completion date.

Name: ________________________________  ID.NO: __________________________

Currently, Muskingum University graduates students at the end of the fall semester and at the end of the spring semester each year. **Students who can demonstrate that they will be finished with all degree requirements before the beginning of the Fall semester following commencement may participate in the May commencement ceremony.** If you have any questions about this, please contact the Registrar's Office.

**Anticipated Degree Completion Date:** I hereby declare my intention to complete all degree requirements by the end of:

- [ ] Fall 20____
- [ ] Spring 20____

**Major(s):** I hereby declare my intention to complete the following major(s):

________________________________________  __________________________   __________________________

**Degree to be Awarded:** All students will be awarded a Bachelor of Arts (BA) degree unless they meet the requirements for a Bachelor of Science (BS) degree **AND** elect to be awarded a Bachelor of Science degree on this form.

**Bachelor of Science Degree Requirements:** If **ANY** of your majors are included in the following list, you may elect to be awarded a Bachelor of Science (BS) degree.

- Biology, Chemistry, Computer Science, Conservation Science, Earth Science, Environmental Science, Geology, Mathematics, Molecular Biology, Neuroscience, Physics, or Psychology

- [ ] I hereby request that I be awarded a Bachelor of Science (BS) degree.

**Diploma Name:** Please **PRINT** your name exactly as you want it to appear on your diploma:

______________________________________________________________

**Commencement Program:** Your diploma name will appear in the commencement program with your major(s) and home town. Please **PRINT** your home town and state below:

______________________________________________________________

Signature: __________________________  Date: ________________

Phone number: __________________________