

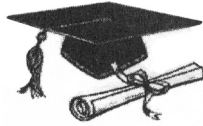
# MISSISSIPPI UNIVERSITY FOR WOMEN

*A Tradition of Excellence for Women and Men*

PLEASE PRINT CLEARLY

APPLICATION FOR A DEGREE  
TO BE COMPLETED:

\_\_\_ August (Year \_\_\_)



OFFICE OF THE REGISTRAR

1100 College Street MUW-1605

Columbus, MS 39701-5800

PH: (662) 329-7133

FAX: (662) 241-6964

Are you currently enrolled at MUW? \_\_\_\_\_ If not, when were you last here? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\*Name as listed on MUW Record: \_\_\_\_\_

\*Record name will appear on diploma\*

Address: \_\_\_\_\_  
City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

I hereby apply for the (ASN, BSN, BA, BS, BM, BFA, MAT, MS, MED, MSN) \_\_\_\_\_ degree.

Major (1) \_\_\_\_\_ Major (2) \_\_\_\_\_ ; Minor \_\_\_\_\_

Please indicate if receiving teacher certification in the major listed above: Yes \_\_\_\_\_ No \_\_\_\_\_

I expect to complete my work for this degree at the end of the \_\_\_\_\_ semester.

NOTE: If completing work off-campus, list the school and number of hours being taken and notify your academic advisor. You must notify the MUW Degree Auditor of work being taken at any other institutions.

School Name: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

### PLEASE CHECK ONE OF THE STATEMENTS BELOW:

\_\_\_ I am applying for an August degree and wish to participate in the May ceremony. I understand that I must be within 12 hours of completing my requirements and have a 2.00 overall and 2.0 MUW GPA to be eligible to participate in the ceremony.

\_\_\_ I will not participate in the commencement ceremony.

**\*\* I understand that I must have a 2.00 overall and 2.0 MUW GPA to be eligible to participate in the commencement ceremony.**

### MEASUREMENTS

(for those planning to participate)

Height \_\_\_\_\_ Chest \_\_\_\_\_ Head \_\_\_\_\_  
(22" average)

**Diplomas can be picked up from the Registrar's Office or mailed to you. A \$7.50 fee is required for mailing a diploma.**

Please choose one: \_\_\_ I will pick up my diploma from the Registrar's Office

\_\_\_ I would like to have my diploma mailed to the following address:

\_\_\_ pd ck # \_\_\_\_\_  
\_\_\_ pd cash \_\_\_\_\_

\_\_\_ **\*\* I understand that should I fail to complete my degree requirements for the term indicated above, another application must be filed and another degree audit fee paid.**

\_\_\_ (DGA) \$50 Non-refundable Degree Audit Fee. The degree audit fee is payable at the time of each application.

\_\_\_ Late Fee (See Academic Calendar)

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

White Copy to Degree Auditor  
Yellow Copy to Registrar  
Pink copy to Student

GPA: \_\_\_\_\_ MUW  
\_\_\_\_\_ Overall  
Program Code: \_\_\_\_\_

For Office Use Only: PC \_\_\_\_\_  
Diplomas on Demand \_\_\_\_\_  
Audited \_\_\_\_\_