MONTANA STATE UNIVERSITY

Graduation Application

degreesandcertificates@montana.edu

Application Deadlines: **Fall – September 20th** **Spring – February 5th** **Summer – June 10th**

Degree program audit begins the day after the application deadline. Notification of the audit outcome will be sent by email to the student.

Fees: A $20.00 audit fee is charged to the student's account each term an application is submitted. A one-time $30.00 commencement fee is charged to the student's account the first time they apply to graduate. The commencement fee is for degree-seeking students only.

Diplomas: Diplomas are issued under the name listed on the student's permanent record. Verify name and diploma mailing address in My Info. Diploma mailing dates vary each Term; contact the Office of the Registrar for details. Students receiving a certificate do not receive a diploma.

Name: _____ _____
(Last) (First)

Student ID#: _____ E-Mail: _____

Anticipated term of degree conferral: ☐ Fall ☐ Spring ☐ Summer Year: _____

☐ One-Credit Extension. New deadline date: _____
(First day of the next term)

Degree or Certificate sought:

☐ Certificate (CERT)
☐ Doctor of Philosophy (PhD)
☐ Doctor of Nursing Practice (DNP)
☐ Doctor of Education (EdD)
☐ Education Specialist (EdS)

☐ Master (M)
☐ Master of Art (MA)
☐ Master of Education (MEd)
☐ Master of Engineering (MEng)
☐ Master of Fine Art (MFA)
☐ Master of Nursing (MN)

☐ Master of Science (MS)*
Check only if applicable for the MS degree:
☐ En route (Doctoral student earning a Master's degree while enrolled in a doctoral program)

Check only if applicable for any of the above Master's degrees:
☐ Continuing (Enrolled Master's student continuing to doctoral program; Must submit a Change in Graduate Status form)

Degree/Certificate Title: _____

in the department of: _____

*Doctoral students stopping out with a Master's degree must also submit a Change of Graduate Status form

I hereby petition the Graduate School for conferral of the degree(s) indicated above.

_____ _____
Student Signature Date

_____ _____
Chair or Program Leader Signature Date

_____ _____
The Graduate School Review Date

For Office Use Only:

Courses in Progress

Deficiencies/Action Required