

# College of Engineering APPLICATION for GRADUATION

Press firmly, use ball point pen.

PRINT NAME EXACTLY AS IT IS TO APPEAR ON DIPLOMA:

\_\_\_\_\_  
First Name Middle Name Last Name

Please provide a phonetic spelling: \_\_\_\_\_

MU ID#: \_\_\_\_\_ Current Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number and Street Apt. #

\_\_\_\_\_  
City State Zip Code

If applicable, please list a **non-MU** email address for future correspondence \_\_\_\_\_

Please indicate DEGREE and MAJOR/MINOR (where applicable) for which you are applying:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>B.S. in Biomedical Engineering</b><br><input type="checkbox"/> Major in Biocomputing<br><input type="checkbox"/> Major in Bioelectronics<br><input type="checkbox"/> Major in Biomechanics | <input type="checkbox"/> <b>B.S. in Computer Engineering</b><br><br><input type="checkbox"/> <b>B.S. in Electrical Engineering</b><br><input type="checkbox"/> Major in Electrical and Computer<br><input type="checkbox"/> Major in Electrical and Electronics |
| <input type="checkbox"/> <b>B.S. in Civil Engineering</b><br><input type="checkbox"/> Major in Civil Engineering<br><input type="checkbox"/> Major in Environmental Engineering  | <input type="checkbox"/> <b>B.S. in Mechanical Engineering</b>  |

Check here if receiving an \*Honors degree  **MINOR/S** \_\_\_\_\_

\*Completion of University Honors Program (HOPR); differs from university honors.

**EXPECTED GRADUATION DATE** (please check one): [  ] May [  ] August [  ] December

If August, do you plan to participate in the May ceremony: [  ] yes [  ] no

**NOTE:** August graduates are listed in the printed program of the commencement you indicate you are attending.

**GRADUATION INFORMATION:** Information about graduation activities, directions, hotels, etc. will be sent to the following person/s in accordance with the following information you provide. Check one: [  ] Parent/s [  ] Spouse [  ] Other

Name \_\_\_\_\_  
(please specify Mr., Mrs., Ms., Dr., etc.)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**HOMETOWN INFORMATION:** Please specify hometown you wish listed in the graduation program:

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
(if other than USA)

Check here if you **do not** wish your name to be published in your **hometown newspaper**. \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Application must be filled out in the College Office within two weeks after the start of the semester you intend to graduate. If for any reason you do not graduate at this time, you **MUST** file a new graduation application for the term in which you **will** graduate. PLEASE NOTIFY THE RECORDS OFFICE IF YOUR GRADUATION PLANS CHANGE. Thank you.

Sample:

Official Forms Available in College Office

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