103 Parker Hall
300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

Graduate Student Application for Graduation

Missouri University of Science and Technology
Office of the Registrar

Name _____ Student ID _____

Address _____ Date _____

_____

For important information about commencement, visit http://registrar.mst.edu/commencement/

Student E-Mail Address _____

Major_____ Degree (Select One) ☐MBA ☐ME ☐MS ☐MST ☐PHD ☐DE

Requirements will be completed in ☐ Fall (Dec) ☐ Spring (May) ☐ Summer (Aug)
Specify Year_____

Name to be used on the diploma – Full Legal Name is recommended (Print Clearly)

_____
First Name Middle Name Last Name

Address for mailing diploma after graduation (Print Clearly)

_____
Street Address City State Zip

Your diploma will be mailed to you at the above address within 4 weeks from commencement.

☐ Check here if you do NOT want your name listed in the commencement program.

♦♦♦