Student BearPass Number (M-Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if unknown, list date of birth)

**Print your name exactly as you want it to appear on your diploma:**

First Name Middle Name, Initial, Maiden Name (optional) Last Name Cell Phone Number

**Your Intended Graduation Semester and Year (check one semester)**

**Spring\_\_\_\_\_\_**  **Summer \_\_\_\_\_\_\_ Fall\_\_\_\_\_\_\_**  **Year: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your degree: (check all that apply)**

 **Associate of Arts**   **Associate of Applied Science**

 **Associate of Science**   **Certificate**

**Major 1): \_\_ Emphasis (1):**

**Major (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emphasis (2):**

**Additional Major(s)/Emphasis:**

**Certificate in:**

**Are you in the Darr Honors Program:** Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a PTK (Phi Theta Kappa) Member:** Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will you be walking in the Spring Commencement:**  Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If YES,** information needed for cap/gown: Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_

**Will you be joining the military after graduation?** Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the box indicating how you would like to receive your diploma below:**

 **Mail my diploma to my address on file**

 **Mail my diploma to the following address:**

Street, Apt/ PO Box City State Zip

Signature Date

**Submit Application to: Registration & Records department**

**Mail**:Missouri State University-West Plains, 128 Garfield, West Plains, MO 65775

**Scan and email** to wprr@missouristate.edu as .pdf attachment