



**MILLIKIN UNIVERSITY®**

**Application for Degree(s)**  
GRADUATE PROGRAMS

Registrar's Office  
1184 West Main Street  
Decatur, Illinois 62522

☎ 217.424.6217  
☎ 217.420.6789  
www.millikin.edu

\_\_\_\_\_  
(Full Legal Name as you want it to appear on your diploma)

My student ID is: | 0 | 0 | | | | | | |

**Please Check All that Applies to you:**

I plan to graduate in: May \_\_\_\_\_ December \_\_\_\_\_  
(year) (year)

\_\_\_ Masters in Business Administration (MBA)

\_\_\_ Masters in Nursing (MSN)

\_\_\_ I will be attending Commencement

\_\_\_ I will NOT be able to attend Commencement

Attendance at Commencement exercises is required; any requests for exceptions must receive advanced approval from the President of the University by letter. Degrees are awarded by the University Faculty and Board of Trustees and are voted on in May prior to the date of Graduation.

**I understand that it is my responsibility to make certain that requirements for graduation have been met. During the school year, I can be reached at the following address:**

Street \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date \_\_\_\_\_

**I have reviewed this student's file and believe this student will complete all degree requirements by the date indicated above:**

\_\_\_\_\_  
Advisor's Signature Date

**Please return completed form to the Registrar's Office – Room 16, Gorin Hall.**