



MILLIKIN UNIVERSITY®

Application for Degree(s) UNDERGRADUATE 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 | | | | | | |

I will complete requirements for the following degree(s) by the end of:

Summer _____ December _____ May _____
(Year) (Year) (Year)

HONORS (check one) James Millikin Scholar ____ Presidential Scholar ____ Long-Vanderberg Scholar ____

FIRST DEGREE (Please check (x) the appropriate degree, ask if you aren't sure)

College of Arts and Sciences ____ College of Fine Arts ____ College of Professional Studies ____ Tabor School of Business ____

Degree (check one) **B.A.** ____ **B.S.** ____ **B.M.** ____ **B.F.A.** ____ **B.S.N.** ____

Major 1: _____ Major 2: _____

Emphasis or Concentration: _____

Minor 1: _____ Minor 2: _____

SECOND DEGREE (Please check (x) the appropriate degree, ask if you aren't sure) (second degrees require an additional 33 credits beyond the first degree requirements. In most cases two degrees require a minimum of 157 credits completed)

College of Arts and Sciences ____ College of Fine Arts ____ College of Professional Studies ____ Tabor School of Business ____

Degree (check one) **B.A.** ____ **B.S.** ____ **B.M.** ____ **B.F.A.** ____ **B.S.N.** ____

Major 1: _____ Major 2: _____

Emphasis or Concentration: _____

Minor 1: _____ Minor 2: _____

Degrees are awarded by the University Faculty and Board of Trustees and are voted on for three separate graduation dates, May, August, and December. These are the only times students can officially graduate from the University.

CONTACT INFORMATION

Please print permanent (home) mailing address below:

Street _____ Apartment Number _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Student's Signature

Date

I have discussed the student's plans to complete all degree requirements and feel they should graduate by the date indicated above:

Advisor's Signature

Date

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