



1115 North Roberts, Helena, MT 59601 \* 1 (406) 447-6900

## APPLICATION FOR DEGREE/CERTIFICATE

The application must be approved and signed by your advisor. Students seeking multiple degrees must submit an application for each degree. A fee of \$35 will be posted to your account for the first application. An \$8 fee will be posted to your account for any subsequent applications.

Name \_\_\_\_\_  
(Print name as you wish it to appear on diploma)

Student ID# \_\_\_\_\_ Phone Number \_\_\_\_\_

Mail diploma to \_\_\_\_\_  
Number and Street or PO Box Number

**Note:** Please allow 60-90 days after graduation for certificate or degree to be printed and mailed. Be sure to include a mailing address where you can be reached at that time.

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

Semester and year you will complete coursework \_\_\_\_\_

Applying for degree of \_\_\_\_\_ Program \_\_\_\_\_ Option \_\_\_\_\_  
(Certificate, AAS, AA, or AS)

**LIST ALL COURSES THAT STILL NEED TO BE REGISTERED FOR IN ORDER TO COMPLETE DEGREE.**

Dept. Abbr.	Course No.	Course Title	Semester	Credits
e.g. WRIT	101	College Writing I	Spring 2016	3

### Graduation Information

**Your name and honor status will be submitted to your hometown newspaper and the Helena Independent Record unless otherwise stated.**

Hometown Newspaper: \_\_\_\_\_

**Initial** if you **do not** want your information published in the paper \_\_\_\_\_

Are you a member of PHI THETA KAPPA? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of PSI BETA? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan on attending the graduation ceremony? Yes \_\_\_\_\_ No \_\_\_\_\_

**There is an additional fee for your cap and gown. Students who submit applications after April 1<sup>st</sup> will not appear in the graduation program, but are still encouraged to attend the ceremony.**

### Advisor Section

Pending successful completion of the current semester and the future semester(s) as listed, the student listed will complete all academic requirements for a certificate/degree in:  
 \_\_\_\_\_ based on the \_\_\_\_\_ catalog.  
(Program and Option(s)) (Catalog year, i.e. 2002-03)

Certificate of Applied Science  
 Associate of Arts  
 Associate of Science  
 Associate of Applied Science

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

\_\_\_\_\_  
**Student's Signature\***

\_\_\_\_\_  
**Date**

**\*Financial Aid Recipients: By signing this form you are authorizing your Financial Aid to pay this fee.**

