



**MIDWESTERN  
STATE UNIVERSITY**

A Member of the Texas Tech University System

# APPLICATION FOR GRADUATION

This form is under construction.  
Please save as a PDF and email to  
registrar@msutexas.edu

**DO NOT SEND IN ANY OTHER FORMAT THAN PDF**

**PLEASE COMPLETE ALL SECTIONS**

**Name - as you wish it to appear on your diploma  
(Must match your legal name on official school records)**

<p><u>For Office Use Only</u>  Application Date _____  Receipt Number _____</p>
---

First	Middle and/or Maiden	Last	Mustangs ID Number
-------	----------------------	------	--------------------

E-mail address: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*MSU will share your email address with the official Commencement Photographer for the purpose of sending your proofs and graduation photo pricing. They are contractually bound to use it for only this purpose. Only indicate if you wish NOT to be provided this service: No, do not release my email for graduation photos.*

**Note:** Graduation correspondence from the Office of the Registrar will be **emailed** to you. If your email or address changes between now and graduation, update your records in WebWorld and contact the Registrar's Office immediately at [graduationconnection@msutexas.edu](mailto:graduationconnection@msutexas.edu).

**Degree Sought:**

Will you be the first person in your immediate family to graduate from college? Yes No

Major \_\_\_\_\_

Minor(if applicable) \_\_\_\_\_

Concentration(if applicable) \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_  
Month (May, August, or December) Year

Are you currently enrolled, or planning to enroll, at another institution before you graduate? No Yes

If yes, list BOTH when: \_\_\_\_\_ and where: \_\_\_\_\_

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

**Your degree plan and any course substitution forms must be on file before a degree audit can be completed.**



**MIDWESTERN  
STATE UNIVERSITY**

A Member of the Texas Tech University System

# DIPLOMA DISTRIBUTION FORM

**PLEASE COMPLETE ALL SECTIONS**

First Name	Middle and/or Maiden Name	Last Name
Degree	Graduation Date	Mustangs ID Number

**A. DIPLOMA MAILING ADDRESS:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip, Country

\_\_\_\_\_  
Telephone

- Campus addresses are not acceptable. If a campus address is provided, a hold will be placed on your account.
- If an international address is provided, you must make arrangements with the Global Education Office for shipping information.

(If your email or address changes, update your records in WebWorld and contact the Registrar's Office at [graduationconnection@msutexas.edu](mailto:graduationconnection@msutexas.edu).)

Please note: All financial, academic, and financial aid obligations must be met for the release of your diploma.

_____ Student Signature at time of Application for Degree	_____ Date
--	---------------

**B. COMMENCEMENT ATTENDANCE RSVP:**  
(August graduates are invited to attend the December Commencement Ceremony.)

1. Yes, I would like to attend Commencement.
2. No, I will not attend Commencement.

**C. DISTRIBUTION:** For Registrar's Office use only.

_____ Registrar Staff Member Making Distribution	_____ Date diploma mailed
---	------------------------------

**PLEASE SAVE AS A PDF AND SEND AS AN ATTACHMENT TO REGISTRAR@MSUTEXAS.EDU (Revised 02/2024)**  
**DO NOT SEND AS ANY OTHER FORMAT THAN A PDF AS OUR SYSTEM WILL NOT ACCEPT IT**