MISSOURI VALLEY COLLEGE
FINAL YEAR GRADUATION PLAN & APPLICATION FOR GRADUATION

STUDENT NAME (as you wish it to appear on your diploma**) :** _____
STUDENT NUMBER_____
ANTICIPATED GRADUATION DATE: ☐ December ☐ May ☐ August (summer)
DEGREE: ☐ BA ☐ BS ☐ BFA ☐ AA
MAJOR 1:_____ **Concentration (if applicable):** _____
MAJOR 2:_____ **Concentration (if applicable):** _____
MINOR:_____

	FALL SEMESTER: _____	
COURSE #	**TITLE**	**HOURS**
	TOTAL HOURS	

	SPRING SEMESTER: _____	
COURSE #	**TITLE**	**HOURS**
	TOTAL HOURS	

	SUMMER SEMESTER: _____ (if needed)	
COURSE #	**TITLE**	**HOURS**
	TOTAL HOURS	

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

REGISTRAR SIGNATURE _____ DATE _____

Note: This form must be completed and turned in before the Registrar's Office will complete your degree audit.