



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: MA 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	

	INTERSESSION / SUMMER TERM: _____ (if needed)	
COURSE #	TITLE	HOURS
	TOTAL HOURS	

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

By signing this form (both student and advisor) you confirm that you have checked the current transcript and the applicant will meet all of the requirements for graduation upon successful completion of the courses listed on this form.

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