
Date

Advisor

APPLICATION FOR A DEGREE
MIDWAY COLLEGE
Office of the Registrar
512 E. Stephens Street
Midway, Kentucky 40347
(859) 846-5340

1. _____ (Full legal name to appear on diploma)
First Middle Last

2. _____ (Legal address to appear on Commencement Program)
City State

3. Date of Official Graduation (Choose one, only)
 December _____ May _____ Summer _____
Year Year Year

4. Degree to be granted (Select one, only)
 Associate of Arts degree Master of Arts in Education
 Associate of Science degree Master of Arts in Teaching
 Bachelor of Arts degree Master of Business Administration
 Bachelor of Science degree Pharm. D.

5. Major _____
Print full major, as listed in college catalog

Concentration

Minor(s)

6. CERTIFICATION OF ADVISOR
Graduation requirements are met or scheduled to allow this student to graduate by the date shown above.

Advisor's Signature Date

7. NOTIFICATION
Candidates for a degree should refer to the college catalog for a full disclosure of requirements for their degree and major.

8. This completed form is filed in student's cumulative folder in the Registrar's Office. Form due by the date appearing in the College Catalog.

FOR OFFICE USE ONLY
The Graduation fee covers the cost of your diploma only and is to be paid to the Business Office at the time you complete this form. Further, all financial obligations to the College must be cleared in the Business Office before any diploma or transcript can be granted. Graduates are to participate in Commencement Exercises unless an emergency prevents attendance (in which case the student completes a Petition Form to the Vice President or Academic Affairs for approval).

@@@ Graduation Fee (non-refundable) Student ID No.: _____--_____
Graduation Fee is \$100.00 for AA, AS, BA, & BS degrees Fee Paid: \$_____ Receipt No. _____
Graduation Fee is \$200.00 for MA, MBA, Pharm.D. Received by: _____
Business Officer