

**APPLICATION FOR DEGREE
DELTA STATE UNIVERSITY
COLLEGE OF BUSINESS**

Type your name exactly like you want it to appear on your diploma.

Social Security Number	Year of Bulletin Graduating Under
LOCAL ADDRESS: TYPE ABOVE	PERMANENT ADDRESS
City, State Zip Code	City, State, Zip Code

Campus Phone:

Date first Entered College:

DEGREE REQUIREMENT TO BE COMPLETED: (Semester and Year):

DIPLOMA TO BE RECEIVED GRADUATION : (Semester & Year):

HEIGHT:

COAT/BUST SIZE:

HAT SIZE:

SEX:

RACE:

DEGREE: BBA

MAJOR:

EMPHASIS:

CREDITS WERE TRANSFERRED TO DELTA STATE UNIVERSITY FROM:

- | | | |
|----------------------------|---------------|-------|
| 1. Institution Name: _____ | Credit Hours | _____ |
| 2. Institution Name: _____ | Credit Hours: | _____ |
| 3. Institution Name: _____ | Credit Hours: | _____ |

STUDENT'S APPROVAL

I approve the official degree plan listed on the reverse side and recognize that it may include requirements beyond those of the catalog selected. I understand that any errors or omissions are my responsibility.

Student's Signature	Date	E-mail
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Approvals:

Advisor	Date	Chairman	Date
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Dean's Signature	Date	Registrar's Office	Date
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