

Delta State University

APPLICATION FOR DEGREE TO THE DEAN OF THE COLLEGE OF EDUCATION

1. _____ 2. _____

(Print name as you wish it to appear on your diploma)

(Student ID or Social Security Number)

Race _____ Sex _____

3. DEGREE: Bachelor of Science

4. MAJOR: Family & Consumer Sciences 5. MINOR: _____

CONCENTRATION: Child Development Fashion Merchandising Nutrition and Dietetics

6. IF YOU ARE A TRANSFER STUDENT- LIST OTHER INSTITUTIONS ATTENDED:

7. DATE OF CATALOG LISTING DEGREE REQUIREMENTS: _____

8. MONTH AND YEAR YOU EXPECT TO COMPLETE YOUR REQUIREMENTS _____

9. DO YOU EXPECT TO BE CERTIFIED TO TEACH? ____ YES ____ NO

10. INFORMATION NEEDED FOR COMMENCEMENT AND PARENTS RECEPTION:

a. Parents' Names _____

b. Parents' Mailing Address _____

c. Cap & Gown Measurements: Height _____ Weight _____ Bust or Chest _____ Cap _____

11. YOUR HOME ADDRESS: (Hometown to be listed on the commencement program)

12. CAMPUS ADDRESS/BOX NUMBER _____

Student's E-Mail Address _____

STUDENTS SIGNATURE _____ Date _____

ADVISOR'S SIGNATURE _____ Date _____

DEAN'S SIGNATURE _____ Date _____