

SIMPSON COLLEGE

APPLICATION FOR MASTER OF ARTS DEGREE

This application must be completed to be eligible for graduation.

I.D.# _____ Email username: _____ Date: _____

Print your legal name as you want it to appear on your diploma. (Please be legible.)

(Please print)

Signature of Applicant

All requirements for degree will be completed by: (check specific date)

_____ December 2012 _____ March 2013 _____ April 2013
_____ May 2013 _____ June 2013 _____ August 2013 _____ October 2013

Graduation ceremony participation date: _____ December 2012 _____ April 2013

Major 1: _____ Dept Chair Signature: _____

Major 2 _____ Dept Chair Signature: _____

Minor 1: _____ Minor 2: _____

If you will not have fulfilled all requirements at the time of graduation, explain here:

If you will not be enrolled the term immediately preceding commencement, please give us your address: _____

Return to: Registrar's Office, 701 North C St., Indianola, IA 50125