

Office of The Registrar Student Success Building | Counter #3 Campus Box 84, PO Box 173362 Fax Number: 720-778-5845

Phone Number: 303-556-3991 www.msudenver.edu/registrar | graduation@msudenver.edu

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Date of Birth:		900#:
E-mail:		Phone Number:
		ler and affirm that I have read, understood, and agreed to this form in its entirety and that the NOT using a screen reader, you must fill-out the graduation application in Student Hub.
Signature:		Date:
lease list your Majoi	r, Concentration, and	I Minor:
Major:		
Concentration:		
Minor:		
Second Major:		
Term:		
Spring:	Year:	Screen Reader Software Used:
	Year:	Screen Reader Software Used:
Summer: Fall: ertification Statemer I am an Access I understand I m Registrar by 5:0 I understand that commencement I understand that	Center student with A nust meet the deadline 00 p.m. on the day of the tif I do not turn in this t program. at participation in the case my responsibility to a	

to

Office	Use Only
Identity confirmed by:	Date:
Processor/Approver:	Date: