DIPLOMA DISTRIBUTION FORM

Please Print

First Name ___________________________ Middle Name ___________________________ Last Name ___________________________

Degree ___________________________ Graduation Date ___________________________ Mustangs ID Number ___________________________

December and May graduates are required to attend commencement unless approved to graduate in absentia by the Provost of the University. August graduates have the option of attending the following December Commencement exercises.

A. ALL GRADUATES COMPLETE THE FOLLOWING: Note: The person picking up diploma must bring picture I.D.

1. _____ I will pick up my diploma. (Available 4-6 weeks following graduation date.)
   or
2. _____ Please allow ___________________________ to pick up my diploma.
   or
3. _____ Please mail my diploma to:

   _________________________________________________________________
   Street Address

   _________________________________________________________________
   City, State, Zip, Country*

   _________________________________________________________________
   Telephone*

   * If an international address, postal regulations for mailings outside of the United States require a telephone number at the address to which we are mailing your diploma.

   (Mailing will be 4-6 weeks following graduation date.)

   (If your email or address changes, update your records in WebWorld and contact the Audit Team in the Registrar’s Office at graduationconnection@mwsu.edu.)

________________________________________________________________________________________
Student Signature at time of Application for Degree ___________________________ Date form completed ___________________________

B. AUGUST GRADUATES ONLY COMPLETE THE FOLLOWING (SECTION B):

1. _____ Yes, I would like to attend December Commencement.
   or
2. _____ No, I will not attend December Commencement.

C. DISTRIBUTION:

________________________________________________________________________________________
Graduate Signature at time of Distribution ___________________________ Date diploma received ___________________________

________________________________________________________________________________________
Registrar Staff Member Making Distribution ___________________________ Date diploma mailed ___________________________

(Revised 09/13)