



# MILLIKIN UNIVERSITY®

## Application for Degree(s) UNDERGRADUATE PROGRAMS

Registrar's Office  
1184 West Main Street  
Decatur, Illinois 62522

☎ 217.424.6217  
☎ 217.420.6789  
www.millikin.edu

\_\_\_\_\_  
(Full Legal Name as you want it to appear on your diploma) My student ID is: | 0 | 0 | | | | | | |

I will complete requirements for the following degree(s) by the end of:

Summer \_\_\_\_\_ December \_\_\_\_\_ May \_\_\_\_\_  
(Year) (Year) (Year)

**HONORS** (check one) James Millikin Scholar \_\_\_\_ Presidential Scholar \_\_\_\_ Long-Vanderberg Scholar \_\_\_\_

**FIRST DEGREE** (Please check (x) the appropriate degree, ask if you aren't sure)

College of Arts and Sciences \_\_\_\_ College of Fine Arts \_\_\_\_ College of Professional Studies \_\_\_\_ Tabor School of Business \_\_\_\_

**Degree** (check one) **B.A.** \_\_\_\_ **B.S.** \_\_\_\_ **B.M.** \_\_\_\_ **B.F.A.** \_\_\_\_ **B.S.N.** \_\_\_\_

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

Emphasis or Concentration: \_\_\_\_\_

Minor 1: \_\_\_\_\_ Minor 2: \_\_\_\_\_

**SECOND DEGREE** (Please check (x) the appropriate degree, ask if you aren't sure) (second degrees require an additional 33 credits beyond the first degree requirements. In most cases two degrees require a minimum of 157 credits completed)

College of Arts and Sciences \_\_\_\_ College of Fine Arts \_\_\_\_ College of Professional Studies \_\_\_\_ Tabor School of Business \_\_\_\_

**Degree** (check one) **B.A.** \_\_\_\_ **B.S.** \_\_\_\_ **B.M.** \_\_\_\_ **B.F.A.** \_\_\_\_ **B.S.N.** \_\_\_\_

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

Emphasis or Concentration: \_\_\_\_\_

Minor 1: \_\_\_\_\_ Minor 2: \_\_\_\_\_

Degrees are awarded by the University Faculty and Board of Trustees and are voted on for three separate graduation dates, May, August, and December. These are the only times students can officially graduate from the University.

### CONTACT INFORMATION

Please print permanent (home) mailing address below:

Street \_\_\_\_\_ Apartment Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country (if not U.S.) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

I have discussed the student's plans to complete all degree requirements and feel they should graduate by the date indicated above:

\_\_\_\_\_  
Advisor's Signature Date

**Please return the completed form to the Registrar's Office – Room 16, Gorin Hall**