DIPLOMA VERIFICATION FORM

* School of Education Masters/Doctoral Degree Graduates and Candidates – See Note Below

PLEASE PRINT LEGIBLY & IN INK (No Pencil Please!):

Mville ID #: ________________________________

Phone #: ________________________________

PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA:

<table>
<thead>
<tr>
<th>First</th>
<th>Middle Initial or Full Name</th>
<th>Last</th>
</tr>
</thead>
</table>

*NOTE: School of Ed Masters/Doctoral degree students submit name verification to SOE office on a separate form

DEGREE: (please check one) ___ BA ___ BS ___ BFA ___ BMUS ___ MFA ___ MS

PROGRAM: (please write in major) ______________________________________________

Signature: ______________________________________________________________________

Date: ________________________________

ALL CANDIDATES: PLEASE SUBMIT THIS FORM ONLY ONCE TO THE REGISTRAR’S OFFICE BY Monday, March 30, 2020!