



APPLICATION FOR ADMISSION TO THE GRADUATING CLASS College of Graduate Studies

Graduate (MAT, MAEd, MBA, MSPAS) non-refundable application fee: \$70.00

Please print

NAME: _____ STUDENT NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(The email address that you provide will be the method in which you receive updates and announcements regarding graduation)

NAME AS YOU WISH IT
TO APPEAR ON DIPLOMA: _____

DO YOU PLAN TO PARTICIPATE IN THE GRADUATION CEREMONY? YES NO

SELECT THE CEREMONY IN WHICH YOU WISH TO BE INCLUDED: DECEMBER
 MAY
 AUGUST

PLEASE SELECT DEGREE EARNED: M.A.T M.B.A. M.A.ED. M.S.P.A.S. M.C.R.

SIGNATURE: _____ DATE: _____

Please MAIL, FAX, OR EMAIL your form after completion of your requirements.

BETHEL UNIVERSITY
Attn: Becky Hames
325 Cherry Avenue
McKenzie, TN 38201
Fax: 731-352-6208
hamesb@bethelu.edu

Note: It is the responsibility of the student to confirm, within two weeks of submission, that this application has been received by the Registrar's Office.

FOR OFFICE USE: SENT TO AUDIT CUM. LIST BILLING