



CERTIFICATE OF BACCALAUEATE DEGREE

Part I – To be completed by the student and mailed to the college of university from which the degree was earned.

I hereby authorize release of the following information to the Office of Graduate Studies at Winona State University.

Date: _____ (Soc. Sec. No.)

NAME _____ last first middle initial maiden

MAILING ADDRESS _____

STUDENT SIGNATURE _____



Part II – To be completed by the Registrar of the college or university from which the student earned his/her bachelor’s degree.

This will certify that the above named student completed the degree,

_____ (exact title of degree)

on, _____

_____ (signature)

_____ (title)

_____ (institution)

_____ (address)

_____ (date)

Return completed form to: Office of Graduate Studies Winona State University Box 5838 Winona, MN 55987-5838