



CERTIFICATE OF BACCALAUREATE DEGREE

Part 1 – To be completed by the student and mailed to the college or 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: _____
Last 4 digits of SS#

NAME: _____
Last First Middle Previous

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, _____
(date)

Signature: _____

Title: _____

Institution: _____

Address: _____

Date: _____

Return Completed form to:

Office of Graduate Studies
Winona State University
PO Box 5838
Winona MN 55987