INSTRUCTIONS: Please print or type this form. One application form per degree.

Print legal name: ________________________________

First    Middle    Last

ID#_________________    Gender    M    F    Date of Birth ______/_____/______

                      MM    DD    YYYY

Current Mailing Address:

__________________________________________________

P.O. Box/Street Address

City    State    Zip Code

Telephone# (Daytime)

Email Address: ________________________________

INDICATE DEGREE RECEIVED

☐ Master of Arts in Business Administration

☐ Master of Arts in Mathematics for Secondary Teachers

☐ Master of Arts in Education

☐ Master of Arts in Psychology

☐ Master of Marine and Environmental Sciences

☐ Master of Arts in Public Administration

☐ Bachelor of Science    Major(s)____________________________

☐ Bachelor of Arts    Major(s)____________________________

☐ Associate of Science    Major(s)____________________________

☐ Associate of Arts    Major(s)____________________________

CAMPUS

☐ St. Thomas    ☐ St. Croix

FEES: [All fees are non-refundable]

• Replacement Degree $25.00

Date:___________    Student’s Signature:____________________________

All completed applications must be submitted to the Office of the Registrar on St. Thomas Campus.

Mailing
Access and Enrollment Services, Office of the Registrar, #2 John Brewers Bay, St. Thomas, VI 00802

Fax
(340) 693-1167