
Type or print your name as you wish it to appear on your diploma.

Print your hometown as you want it to appear in the Commencement Program.

Undergraduate University

Degree and Year Conferred

CONTACT INFORMATION:

Cell Phone: _____ Other Phone: _____

WakeHealth Email: _____ Personal Email: _____

Forwarding Address: *(This is the address which will be used to mail your diploma (no Post Office Box). Allow 12 weeks for delivery.*

Street / Apt # _____

City / State / Postal Code / Country _____

GRADUATION TERM:

I fully expect to complete all of the requirements in time for the degree to be awarded in: ____ August ____ December ____ May.

GRADUATION CEREMONIES:

(A) I expect to be present at the May Commencement exercises held at the close of spring semester 20____ (year).

REGALIA: Regalia will be ordered based on the following:

Height _____ Approx. Weight _____ Cap Size _____ *(inches or cap size S/M/L)*

(B) Please award the degree in absentia and mail my diploma to me at the address above.

AWARDS: Please list any awards on the back of this form or on a separate page which you would like listed in the Hooding & Awards Program. Include the following information: name of award, name of organization and year of award.

Signature of Advisor or Program Director

Date

Signature of Candidate

Date

RETURN COMPLETED FORM TO: Beth Whitsett, Graduate School Office | bwhitset@wakehealth.edu