

\_\_\_\_\_  
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:** Denise Wolfe, Graduate School Office | [dewolfe@wakehealth.edu](mailto:dewolfe@wakehealth.edu)