



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 which you would like listed in the Hooding & Awards Program. Include the following information: name of award, name of organization and year of award. Attach an additional page if needed.

FINAL EXAMINING COMMITTEE:

Make sure all members have agreed to serve and are members of the Graduate Faculty. The final committee should consist of at least 5 members as outlined in the Graduate School Bulletin under "Requirements for the Doctor of Philosophy Degree".

Chairperson Advisor

Member 1 Member 3

Member 2 Member 4

On the basis of the progress to date, I believe it reasonable to expect that the candidate will complete all degree requirements by the date provided above.

Signature of Advisor

Date

Signature of Candidate

Date

RETURN COMPLETED FORM TO: Denise Wolfe, Graduate School Office | dewolfe@wakehealth.edu