

REQUEST FOR DEGREE CERTIFICATION

NAME: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
LAST FIRST M.I.

CURRENT MAILING ADDRESS: \_\_\_\_\_  
Address City State Zip Code

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

CHOOSE DEGREE:  DOCTORAL  SPECIALIST  
 MASTER'S:  Thesis  Non- thesis PROGRAM: \_\_\_\_\_

**PLEASE NOTE: This request cannot be processed unless the following conditions have been met:**

- ▶ Application for Degree cards are on file
- ▶ Final Examination card is on file
- ▶ All degree requirements are satisfied
- ▶ Final copies of the thesis dissertation are submitted

**PLEASE CHECK ALL THAT APPLY BELOW INCLUDE ALL INFORMATION REQUESTED.**

- I WANT TO PICK UP A DEGREE CERTIFICATION LETTER
- PLEASE MAIL ME A DEGREE CERTIFICATION LETTER
- PLEASE FAX ME A DEGREE CERTIFICATION LETTER

REQUESTING A DEGREE CERTIFICATION LETTER BE MAILED TO:

NAME: \_\_\_\_\_ COMPANY/INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Address City State Zip Code

I AM REQUESTING A DEGREE CERTIFICATION LETTER BE FAXED TO: \_\_\_\_\_

NAME: \_\_\_\_\_ COMPANY/INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Address City State Zip Code

**I UNDERSTAND THAT THIS REQUEST MAY BE DENIED IF ALL REQUIREMENTS FOR THE DEGREE HAVE NOT BEEN SATISFIED**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN THIS SIGNED FORM TO THE GRADUATE SCHOOL, OFFICE OF GRADUATE ACADEMIC SERVICES, 106 EZRA GILLIS BLDG. YOU MAY ALSO FAX THIS FORM TO US AT (859) 323-1928.**

FOR USE BY THE OFFICE OF THE GRADUATE SCHOOL ONLY

