

**Boston University
Metropolitan College**

Master of Criminal Justice

This form must be completed as a prerequisite for graduation and filed at the beginning of your last semester at the Department of Criminal Justice, 808 Commonwealth Ave, Boston, MA 02215. You may also fax it to 617-358-3595. **Please attach an unofficial copy of your transcripts when submitting this form.**

Print your full legal name exactly as it should appear on your diploma and on the official records of the University.

Name: _____
 First Middle Last

Social Security Or BU I.D. Number: _____

Program of Enrollment: _____

Previous Degree(s) Earned: _____

Date of Expected Graduation: January _____ May _____ September _____

Please Mark (x) for one of the following:

_____ 1. Please mail my diploma to the following address:

_____ 2. I wish to pick it up at Commencement (May Graduates Only).

It is your responsibility to notify the office of any changes made to the above information

Student signature

Date