

**METROPOLITAN COLLEGE  
MASTER of CITY PLANNING  
MASTER of URBAN AFFAIRS  
GRADUATION APPLICATION**

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**Personal information:**

**Do you plan to attend the May 20, 2007 ceremony? Yes No**

*(Only those who have one or two courses remaining in the summer may participate in the ceremony. Diplomas are awarded only after all academic requirements have been met.)*

**Name (exactly as you want it to be read and to appear on your diploma):**

**Degree:**

**BUID Number:**

**Preferred Email Address:**

**Anticipated Graduation:**

January

May

September

Year: \_\_\_\_\_

**Preferred address & phone number for correspondence:**

*Please make sure that this address is current. You may update it on the [StudentLink](#) or by contacting the Registrar's office.*


***Do you authorize Metropolitan College to release your name, address, and degree information to the photographer who will take your picture as you receive your diploma? Yes No***

(Departments: please send any "no" responses to Coordinator)

*If you have any questions about this form, please e-mail Daniel LeClair, at [dleclair@bu.edu](mailto:dleclair@bu.edu) (617-353-3025 phone).*

**Office use only:**

Received: \_\_\_\_\_ Status: \_\_\_\_\_ Entered: \_\_\_\_\_

Other: \_\_\_\_\_

Notes:

Please send this form (or a copy) to:

Paulette Lomba

Department of Applied Social Sciences

(Criminal Justice, Urban Affairs, City Planning)

Metropolitan College

808 Commonwealth Avenue

Boston, MA 02215

617-358-3595 fax