GRADUATION INFORMATION FOR
JANUARY & SEPTEMBER GRADUATES ONLY

Use this form <u>only</u> if you have been scheduled to graduate by your School or College.
If you are unsure, contact your graduation coordinator!

Student Name: _____

ID Number: _____

School/College: _____

Date: _____

E-mail: _____

Graduation: (circle one) **January / year:** _____ **September / year** _____

Diploma Name: _____

- **Print your name exactly as you want it to appear on your diploma.**
- **If your name contains special characters (diacritical marks), please add these marks clearly.**
- **Diploma name changes will be reviewed and may require additional documentation.**

Please provide a diploma mailing address:

_____

_____

_____

_____

Will you be attending the May 'All University Ceremony' at 1 p.m. on Nickerson Field? YES NO

Will you be attending the May School/College diploma convocation ceremony(ies): YES NO

If YES, and you are in a Dual Degree program, or have a Double Major in CAS,

please identify which convocation ceremony(ies) you will be attending:

_____ _____ _____

Please mail or fax this form to: **Boston University**
Office of the University Registrar
Diploma Department
881 Commonwealth Avenue
Boston MA 02215
(ph) 617-353-3604
(fax) 617-358-6046