

GRADUATION INFORMATION FOR MAY GRADUATES ONLY

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

Student Name: _____

ID Number: _____

College: _____

E-mail: _____

Date: _____

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 change will be reviewed and may require additional documentation.

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 ceremonies? YES NO

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

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

If YES, and you have a Double Major,

please identify the convocation ceremony at which you would like to receive your diploma:

If NO, and you would like your diploma mailed to you, please provide your mailing address below:

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