

Completion of this form establishes you as a degree candidate and initiates a review of your credentials.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Expected Degree/s (i.e., BA, BS, MS, BS/MS): \_\_\_\_\_ Major: \_\_\_\_\_

Minor/s: \_\_\_\_\_

Who is your Academic Advisor? (Please print): \_\_\_\_\_

When do you intend to graduate? (Please check one and provide the year):

December 20\_\_\_\_\_

May 20\_\_\_\_\_

August 20\_\_\_\_\_

I understand that I am **APPLYING** for graduation and that all requirements for my degree/s must be met in order to graduate. I understand that a final audit of my record will occur after the posting of grades in the semester in which I anticipate graduating and that my degree/s will not be **CONFERRED** until this final audit verifies that I have met all graduation requirements of D'Youville College in general and my department in specific. I understand that it is my responsibility to ensure that my full name and mailing address are correct in Self-Service and that any changes to my name and/or mailing address after the date I sign this form, may result in a replacement diploma charge and/or a possible delay in receiving my diploma/s. I understand that my full name, as it appears in Self-Service as of the date I sign this form, will be the name that appears on my diploma/s.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

To process this completed form: **FAX** to (716) 829-7622, or **MAIL** to Office of the Registrar, KAB 221, D'Youville College, 320 Porter Ave., Buffalo, NY 14201, or **DROP OFF IN PERSON** to KAB Room 221.