Nazareth COLLEGE

Please complete and return to the
Office of the Registrar & Graduate Student Services
Drop off: Smyth Hall 1
Phone: 585-389-2815
Fax: 585-389-2612
Email: gradservices@naz.edu
Mail: Registrar & Graduate Student Services
Nazareth College
4245 East Avenue
Rochester NY 14618

Graduate Student Commencement Information for Graduation, May 20__

COMPLETION TERM: ☐ Summer 20__ ☐ Fall 20__ ☐ Spring 20__

STUDENT ID or
Last 4 digits of SOCIAL SECURITY NUMBER: _____

PRINT CLEARLY your name exactly as you wish it to appear on your diploma.
[please clarify punctuation, capitalization, etc.]

_____ _____ _____
first name middle and/or maiden name last name

My program is: _____

Full Name: _____

Address Info
Street/Apt #/City/State/Zip:_____

Phone(s): _____ _____ _____
home work cell

If there is any change to the above information after the submission of this form, please contact the Office of the Registrar & Graduate Student Services immediately.

OFFICE USE ONLY

Processed by: _____ _____1st check _____2nd check _____3rd check

Degree Audit Reviewed EVAL ☐ NOTES:_____
Coded in SGRD ☐ **OR** IASU ☐ _____
Coded in SACP ☐