PROSPECTIVE GRADUATE FORM
COLLEGE OF PROFESSIONAL STUDIES UNDERGRADUATE STUDENTS

If you expect to graduate in September, December or May, please complete, print and return this form to the Office of Part-Time Studies, Room 107 Vasey Hall, Villanova University, 800 Lancaster Ave., Villanova, PA 19085.

YEAR OF GRADUATION_______________ CHECK MONTH OF GRADUATION:

☐ SEPTEMBER (work completed during summer)
☐ DECEMBER (work completed in Fall Semester)
☐ MAY (work completed in Spring semester)

THIS IS IMPORTANT:
PRINT YOUR NAME ON THE LINE BELOW.
PRINT IT EXACTLY AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA, USING UPPER AND LOWER CASE LETTERS AND SPACES WHERE APPROPRIATE. BE SURE TO INDICATE ACCENTS OR OTHER PUNCTUATION.

__________________________________________________________________________
FIRST NAME                          MIDDLE NAME(S) OR INITIAL                      LAST NAME
STUDENT ID NUMBER:  _____________________________________________
TITLE OF EXPECTED DEGREE: _______________________________________________
MAJOR (1): __________________________       MAJOR (2): _________________________
MINOR(S): _________________________________________________________________
CONCENTRATION(S): _______________________________________________________

Diplomas dated September and December will be mailed. Diplomas of May graduates who do not attend Commencement may be picked up at Room 203 Tolentine Hall, or will be mailed following graduation. Please print telephone number and the address to which diploma may be sent:

Address:____________________________________________________________________
___________________________________________________________________________
Phone #: ___________________________________________________________________

SIGNATURE:_____________________________Today's Date: ______________

DO NOT WRITE BELOW THIS LINE
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Dean's Authorization: _________ DIPLOMA ORDERED________ GPA___________
Degree Posted:________________________
Degree Code OK__________ DIPLOMA MAILED__________
HONORS__________