VU Prospective Graduate Form
for Undergraduate Students

Please complete, print and sign this form, then mail, fax or scan & email it to the Office of the Registrar.

Villanova Number: ____________________________

Intended graduation year: ____________________________
Intended graduation semester:

- ☐ September (work completed during Summer term)
- ☐ December (work completed during Fall term)
- ☐ May (work completed during Spring term)

DIPLOMA INFORMATION

Diplomas display your name and the title of your degree.

Name: ____________________________________________

Type or print your name exactly how you want it to appear on your diploma. Be sure to indicate upper & lower case letters, accents & other punctuation, and spacing.

Title of Expected Degree: ____________________________

TRANSCRIPT INFORMATION

Transcripts display your major(s), minor(s), and concentration(s).

Major: ____________________________________________

Second Major (if applicable): ____________________________

Third Major (if applicable): ____________________________

Minor (if applicable): ____________________________

Second Minor (if applicable): ____________________________

MAILING INFORMATION

Please provide the contact information that you will be using AFTER graduation.

Post Graduation Address: ____________________________

Email Address: ______________________________________

Phone Number: ____________________________

Please note: Graduates earn ONE diploma which displays the title of the degree earned. The Dual Degree policy states that students may earn a second degree if they have completed 43 or more additional credits beyond the greater of the two program credit requirements. If you will be eligible for a second degree, please complete another Prospective Graduate Form.

Student Signature ____________________________________________ Date ____________________________

Office of the Registrar
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Villanova, PA 19085
Tel: 610–519–4032
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Email: registrar@villanova.edu