

**REQUEST FOR GRADUATION - GRADUATION DATE
JUNE 2ND, 2014**

Name as you wish to appear on your diploma:

_____*
Name Middle Name Father's Last Name Mother's Last Name (If applicable)

Student Identification Number _____

Residential/Postal Address _____

_____ Cellular Phone (____) _____

_____ Residency Phone (____) _____

Registered in: School of Optometry _____ Concentration: Optometry _____

Candidate to a degree: Doctor of Optometry

I am willing to complete the requisites of graduation on: May of 2014

***The University policy is to issue one diploma per student. You can choose the Spanish or English version. (Please mark one).**

Diploma: Spanish English

Student Signature

Month/Day/Year

I certify that I also received the University Policy Regarding Students and Alumni Directory.

FOR OFFICIAL USE ONLY

Graduation Fee: _____ \$200.00

Receipt Number _____

Date of payment _____