



REQUEST FOR GRADUATION - GRADUATION DATE
JUNE 1, 2015

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: June 1st, 2015

***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 _____