

REQUEST FOR GRADUATION - GRADUATION DATE JUNE 1, 2015

Name as you wish to appear on your diploma:

Student Identification Number	Name	Middle Name	Father's Last Name	Mother's Last Name (If applicable)
Cellular Phone ()	Student Io	dentification Number		
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:SpanishEnglishMonth/Day/Year I certify that I also received the University Policy Regarding Students and Alumni Directory. FOR OFFICIAL USE ONLY	Residentia	al/Postal Address		
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 th Spanish or English version. (Please mark one). Diploma:SpanishEnglish			Cellular Pho Residency I	one () Phone ()
I am willing to complete the requisites of graduation on: June 1 st , 2015 *The University policy is to issue One diploma per student. You can choose th 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. ***********************************	Registered	l in: <u>School of Optom</u>	etry Concentratio	on: <u>Optometry</u>
*The University policy is to issue <u>One</u> diploma per student. You can choose the Spanish or English version. (Please mark one). Diploma:SpanishEnglish	Candidate	e to a degree: Doctor o	of Optometry	
Spanish or English version. (Please mark one). Diploma: Spanish	I am willin	ng to complete the requ	isites of graduation on: J	une 1 st , 2015
Month/Day/Year I certify that I also received the University Policy Regarding Students and Alumni Directory. ************************************	Spanish o	or English version. (F	Please mark one).	
I certify that I also received the University Policy Regarding Students and Alumni Directory. ************************************				Student Signature
**************************************				Month/Day/Year
Graduation Fee: \$200.00 Receipt Number		FC	OR OFFICIAL USE ON	NLY
	Graduatio	on Fee: \$2	200.00 Receipt Nu	ımber