PROSPECTIVE GRADUATE FORM
PART-TIME UNDERGRADUATE STUDENTS

If you expect to graduate this Academic Year 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:

_____

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**_____