

**RETURN COMPLETED FORM TO REGISTRAR'S OFFICE****Scan/Email:** registrar@naz.edu**In Person** Smyth Hall 1**Fax:** 585-389-2612**Mail:** Registrar's Office, Nazareth College
4245 East Ave • Rochester, NY 14618

GRADUATE STUDENT COMMENCEMENT INFORMATION FORM

Identifying Information:_____
Name_____
Student Id or Last 4 of SSN**Date of Degree Completion:**☐ **December 2019**☐ **May 2019**☐ **August 2019**

Do you want to participate in the May 2019 commencement ceremony?

*Note – all graduates from August 2018, December 2018, and May 2019 are welcome and encouraged to attend the May 2019 commencement ceremony! Any August 2019 graduate **must notify** our office directly to indicate if they would like to participate in the May 2019 Commencement ceremony.*

☐ **YES**, I definitely want to participate in commencement☐ **UNSURE**, please send me information and I will decide by April 1st☐ **NO**, I definitely do not want to participate in commencement**Diploma Name:** (Indicate your name *exactly as you wish it to appear on your diploma*)_____
First_____
Middle (or Maiden)_____
Last**Program** _____**Address** _____**Phone** _____**Email Address** _____

If there is any change to the above information, please contact the Registrar's Office at 585-389-2819

Office Use Only

Processed by: _____

Date _____

Coded in SGRD ☐Coded in SACP ☐Approved to "WALK" by program director ☐

Notes: _____