NAZARETH COLLEGE

RETURN COMPLETED FORM TO REGISTRAR'S OFFICE

Scan/Email: gradservices@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:

☐ **May 2015**   ☐ **August 2015**   ☐ **December 2015**

Do you want to participate in the May 2015 commencement ceremony?

Note – all graduates from August 2015, December 2015, and May 2016 are welcome and encouraged to attend the May 2016 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: _____