

\_\_\_\_\_  
Type or print your name as you wish it to appear on your diploma.

\_\_\_\_\_  
Print your hometown as you want it to appear in the Commencement Program.

\_\_\_\_\_  
Undergraduate University

\_\_\_\_\_  
Degree and Year Conferred

**CONTACT INFORMATION:**

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

WakeHealth Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Forwarding Address: *(This is the address which will be used to mail your diploma (no Post Office Box). Allow 12 weeks for delivery.*

Street / Apt # \_\_\_\_\_

City / State / Postal Code / Country \_\_\_\_\_

**GRADUATION TERM:**

I fully expect to complete all of the requirements in time for the degree to be awarded in: \_\_\_\_ August \_\_\_\_ December \_\_\_\_ May.

**GRADUATION CEREMONIES:**

(A) I expect to be present at the May Commencement exercises held at the close of spring semester 20\_\_\_\_ (year).

**REGALIA:** Regalia will be ordered based on the following:

Height \_\_\_\_\_ Approx. Weight \_\_\_\_\_ Cap Size \_\_\_\_\_ *(inches or cap size S/M/L)*

(B) Please award the degree in absentia and mail my diploma to me at the address above.

**AWARDS:** Please list any awards which you would like listed in the Hooding & Awards Program. Include the following information: name of award, name of organization and year of award. Attach an additional page if needed.

\_\_\_\_\_  
\_\_\_\_\_

**FINAL EXAMINING COMMITTEE:**

Make sure all members have agreed to serve and are members of the Graduate Faculty. The final committee should consist of at least 5 members as outlined in the Graduate School Bulletin under "Requirements for the Doctor of Philosophy Degree".

\_\_\_\_\_ Chairperson \_\_\_\_\_ Advisor

\_\_\_\_\_ Member 1 \_\_\_\_\_ Member 3

\_\_\_\_\_ Member 2 \_\_\_\_\_ Member 4

On the basis of the progress to date, I believe it reasonable to expect that the candidate will complete all degree requirements by the date provided above.

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO:** Beth Whitsett, Graduate School Office | [bwhitset@wakehealth.edu](mailto:bwhitset@wakehealth.edu)