



Application for Degree

The purpose of this form is to let the Registrar’s office know you plan to graduate, and to provide them with the name you would like on your diploma, as well as the address to which your diploma should be sent. Questions about this form can be sent to ahd-dos@uchicago.edu. This form is due at the end of the first week of the quarter you plan to receive the degree.

Full Name: _____ Email Address: _____

*Please enter your first, middle, and last names as they should appear on the diploma. Diplomas will be printed in capital letters. Your Dean of Students office will contact you if the name entered here differs from your official school records. A name change form may need to be completed to resolve the conflict.

UCID: _____ Department: _____

Diploma Mailing Address

Street: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone Number: _____

**Please enter the address to which you would like your diploma sent at the end of the quarter. A telephone number is required for all international mailing addresses.*

Degree Expected (MA/MFA/PhD): _____ Quarter/Year of degree conferral: _____

Department or Program of degree: _____

	Previous Degrees			
	<i>Name of Institution</i>	<i>City/State or Country</i>	<i>Degree Earned</i>	<i>Date Conferred (MM/DD/YYYY)</i>
<i>Previous Institution attended (1)</i>				
<i>Previous Institution attended (2)</i>				
<i>Previous Institution attended (3)</i>				