Brock University

Office of the Registrar
500 Glenridge Ave.
St. Catharines ON L2S 3A1
T: 905.688.5550 F: 905-988-5488
convocation@brocku.ca
www.brocku.ca/registrar

Graduation in Absentia

Not a substitute for an Application to Graduate

*** For student mail-out or 3rd party pick-ups**

STUDENT INFORMATION

Name:

___|___|___|___|___|___|___|
BROCK STUDENT ID NUMBER

☐ Mr. ☐ Mrs.
☐ Ms. ☐ Miss

Email:

Telephone No. (required for courier service)
__|__|__|-__|__|__|-__|__|__|__|

DEGREE/CERTIFICATE INFORMATION

This form is not a substitute for an Application for Graduation. You should complete and submit this form to the Office of the Registrar in order to receive your diploma(s) by mail or to assign a third party pick-up. Mailed diplomas are processed the week after convocation has finalized. Diplomas are available for pick-up at the Office of the Registrar the second week following Convocation. VALID PHOTO IDENTIFICATION IS REQUIRED FOR PICK-UP.

Graduation Date: ☐ Spring (June) ☐ Fall (October) **Year:**

Program Type (Select One)

☐ **UNDERGRADUATE DEGREE**

Degree Sought *(i.e., BA)* **Degree Type** ☐ 4 Year Honours ☐ 4 Year Other ☐ 3 Year Pass

Major(s) **Faculty** *(please circle)* Applied Health Sciences | Business | Education | Humanities | Math/ Science | Social Sciences

☐ **GRADUATE DEGREE:** **Degree Sought** *(i.e., MA):* **Major(s):**

☐ **CERTIFICATE:** **Certificate Sought**

PICK-UP/DELIVERY INFORMATION

Please select one of the following options:

☐ **I GIVE MY PERMISSION for the person named below** to pick up my diploma(s) for me.

Name of designate: _____

☐ **I WOULD LIKE MY DIPLOMA(S) MAILED** **Canadian addresses only.*

Your diploma will be mailed to the address indicated on your Student Self Serve account (my.brocku.ca). Please ensure that this information is up to date.

☐ **I WOULD LIKE MY DIPLOMA(S) COURIERED** **Fee applicable,* ***telephone number required****.*

Your diploma will be mailed to the address indicated on your Student Self Serve account (my.brocku.ca). Please ensure that this information is up to date.

REQUIRED FOR ALL INTERNATIONAL MAILINGS. PRICING AVAILABLE UPON REQUEST.

I am not attending convocation and wish to have my degree/certificate granted "In Absentia" as specified per instructions above.

Signature **Date (MM/DD/YY)**

Protection of Privacy: The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the University Registrar at Brock University in ST 301, or at 905-688-5550, ext. 3430 or see www.brocku.ca/registrar.

COURIER SERVICE PAYMENT ***Please note we cannot accept form submission via email if paying with credit card.*

Method of Payment ☐ **Cash** ☐ **Cheque** ☐ **Debit Card** ☐ **VISA** ☐ **MasterCard**

Credit Card No. | | | | | | | | | | | | | | | | **Expiry Date (MM/YY)** | | | | |

Signature of Card Holder: **Date** (MM/DD/YY):