

## 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 INFO	RMATION		·										
Name:									 BROCK STUDENT ID NUMBER				
									BRUCE	( STUDENT ID	NUMBER		
☐ Mr. ☐ Mrs.		Email:						- 1	lephone No.	` '		rier service)	
☐ Ms. ☐ Miss									-	_  -		_	
DEGREE/CERTIFICATE INFORMATION  This form is not a substitute for an Application for Graduation (note that Teacher Education students do not need to submit an													
This form is not a substitute for an Application for Graduation (note that Teacher Education students do not need to submit 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. Mailed diplomas are processed the week following convocation. 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 Sou	ight (i.e., BA)		Degree	Туре	□4 Y	ear Hor	nours	☐4 Year (	Other 🗌	3 Year P	ass	
	Major(s)			Faculty please			olied Sciences	Busines	s Education	Humanities	Math/ Science	Social Sciences	
☐ GRADUATE	RADUATE DEGREE: Degree Sought (i.e., MA): Major(s):												
☐ CERTIFICAT	E: Certi	ficate 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	E MY DIPLOM	MA(S) MAILED	*Canadian	addres	ses 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.													
PAYMENT INFORMATION (for courier service only)													
Method of Pay	ment [	] Cash	☐ Chequ	e [	☐ Debit	Card	□ VI	SA [	□ MasterCa	ırd			
Credit Card No	p.	1 1 1	<u> </u>	1			1 1		Expiry Date	(MM/YY)			
Signature:	ignature: Date (MM/DD/YY):												
I am not attending convocation and wish to have my degree/certificate granted "In Absentia" as specificed per instrucations above.													
Signature	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											mation is		

rotection 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.