FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550, ext. 3239
Fax: 905-688-0748
Email: lsciamon@brocku.ca
Website: www.brocku.ca/graduate-studies

MASTER'S/DOCTORAL
APPLICATION FOR GRADUATION

Convocation Fee: $40 if applying by deadline date and $55 if applying after deadline date
Deadline Date: Spring Convocation – February 1st and Fall Convocation – July 1st
If the deadline falls on a Saturday or Sunday, the deadline is 4:30 p.m. the next working day.

PLEASE NOTE: Graduation information will be sent to the mailing address provided by you on this application. You are responsible for ensuring your mailing address is up-to-date.

Student ID Number:

Surname/Family Name: First Name:

Street Address: City: Province: Postal Code:

Brock Email Address:

Country (if not Canada): Telephone:

DEGREE/DIPLOMA

Please **PRINT YOUR NAME** as you would like your name to appear on your degree:

Hometown (if you wish your hometown to appear in the convocation program) City:

Province: Country (if not Canada):

I am applying for: ☐ **Spring** (June) graduation ☐ **Fall** (October) graduation Graduate

Degree: **DEGREE SOUGHT** ☐ Diploma ☐ Master's ☐ Doctoral

Graduate Program: _____

Field of Specialization: _____

Student Signature: Date:

Protection of Privacy
The information on this form is collected under the authority of The Brock University Act, 1964. It is related directly to and needed by the University to process your application for graduation; and, to register you as a member of Convocation and the Brock University Alumni Association. The information will be used to prepare the Convocation Roll, the Convocation program and other published graduation announcements. If you have any questions about the collection, use or disclosure of this information by the University, please contact the Office of the Registrar, Brock University, St. Catharines, Ontario, L2S 3A1, (905) 688-5550. The information on this form, and any other information held by the University, will also be disclosed to the Office of Alumni Relations and the University Advancement in order to inform you about the benefits of University and Alumni Association career, educational and social programs; to provide you with information about alumni products and services; to facilitate alumni participation in University research projects, alumni surveys and fundraising and development activities; and to administer elections for University and Alumni Association governing bodies. The University may also disclose this information, under strict confidentiality agreements, to outside agencies solely for the provision of mailing or telephoning services on behalf of the University or the Alumni Association. If you have any questions about the collection, use or disclosure of this information by the University, please contact the Director, Alumni Relations, Brock University, St. Catharines, Ontario, L2S 3A1 (905) 688-5550.

FOR FINANCE DEPARTMENT USE ONLY

Account Number: 118-054-003

Payment Received: **Cheque** ☐ **Money Order** ☐ **Cash** ☐ **Other** ☐ _____

Initials: _____ **Date:** _____

After the Application for Graduation fee has been processed, this form "MUST BE SUBMITTED TO THE FACULTY OF GRADUATE STUDIES".

FOR FACULTY OF GRADUATE STUDIES USE ONLY

PCONV ☐ **ADDRESS** ☐ **SPREADSHEET** ☐ **PCONV DELETED** ☐ **PCONV REINSTATE** ☐