

3. DIRECTOR OF GRADUATE STUDIES

Signature of GS Director _____ Date _____

4. REGISTRAR

Signature of Registrar _____ Date _____

CONTACT INFORMATION

APPLICANT:

Home Postal Address _____

Phone(s): _____

E-Mail _____ Fax: _____

Employing Organization and Address _____

Description of Work/Employment _____

SPOUSE/PARENTS/GUARDIANS:

Home Postal Address _____

Phone(s): _____

E-Mail _____ Fax: _____

GENERAL INFORMATION

1. Anticipated date of graduation : Day _____ Month _____ Year _____
2. Make sure that you have been academically and financially cleared one month earlier before the date of graduation.
3. The graduation fee must be paid 6 weeks before graduation.
4. If you plan to graduate in absentia, you must submit a petition in writing to the Registrar.
5. PRINT your name exactly as it appears in the application form you submitted for admission to UEAB.

FIRST	MIDDLE	LAST
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PLEASE NOTE: IF ANY CHANGES ARE MADE IN YOUR PROGRAM WITHOUT THE APPROVAL OF THE REGISTRAR'S OFFICE, THEN YOUR NAME WILL BE DELETED FROM THE GRADUATION LIST.

Copies Distribution: **Registrar's office** - 1 copy
Student - 1 copy
Department- 1 copy