

Nazareth College
4245 East Avenue
Rochester, New York
14618-3798
585-389-2815
fax 585-389-2612
www.naz.edu



**Please complete and return to the
Office of Graduate Student Services**

Drop off: Smyth Hall 147
Fax: 585-389-2612
Mail: Graduate Student Services
Nazareth College
4245 East Avenue
Rochester NY 14618

Commencement Information for Graduation, May 20__

COMPLETION TERM: Summer 20__ Fall 20__ Spring 20__

STUDENT ID or
SOCIAL SECURITY NUMBER: _____

PRINT CLEARLY your name exactly as you wish it to appear on your diploma.
[please clarify punctuation, capitalization, etc.]

_____ first name middle and/or maiden name last name

My program is: _____

Full Name: _____

Address Info
Street/Apt #/City/State/Zip: _____

Phone(s): _____ home work cell

**If there is any change to the above information after the submission of this form, please contact the
Office of Graduate Student Services immediately.**

OFFICE USE ONLY

Processed by: _____ 1st check _____ 2nd check _____ 3rd check

Coded in SGRD OR IASU

Coded in SACP

NOTES: