

POSTHUMOUS DEGREE REQUEST

OFFICE OF THE REGISTRAR

STUDENT INFORMATION (please print)	
NAME OF STUDENT	STUDENT (OR) SSN
DEGREE BEING SOUGHT	PROGRAM OFFICE
ATTACHED: <input type="checkbox"/> DEGREE AUDIT <input type="checkbox"/> TRANSCRIPT	

DEGREE REQUESTING PARTY (please print)	
YOUR NAME	RELATIONSHIP TO STUDENT
EMAIL ADDRESS	PHONE NUMBER
MAILING ADDRESS _____ _____	

FOR PROGRAM OFFICE USE	
THIS DEGREE REQUEST HAS BEEN: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
COMMENTS: _____ _____ _____	
SIGNATURE _____	DATE _____
If approved and signed, please forward to: Office of the Registrar Campus Box 358400 ATTN: K Graduation Specialist	
If denied, please send requester a letter of explanation. Return this form along with a copy of the letter to the above address.	