Current Students: Complete this form and sign below. PLEASE PRINT CLEARLY.

<table>
<thead>
<tr>
<th>Legal Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>(Jr., etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Number</td>
<td>Degree Title</td>
<td>Program or College</td>
<td></td>
</tr>
<tr>
<td>Anticipated Quarter of Graduation (select one)</td>
<td>Anticipated Year of Graduation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Autumn</td>
<td>□ Winter</td>
<td>□ Spring</td>
<td>□ Summer</td>
</tr>
</tbody>
</table>

**NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA**
Name on your diploma must include your legal first and last name. PLEASE PRINT CLEARLY
First    Middle    Last    Jr., etc.

**SPECIAL INSTRUCTIONS**
Special instructions regarding your name for your diploma (i.e uppercase and lowercase letters, spacing, accents, periods, etc.)

**RETURN THIS FORM TO:**
Please return this form by the last day of the quarter you plan to graduate to:
University of Washington Tacoma
Office of the Registrar
Campus Box 358400
Tacoma, WA 98402

**FOR OFFICE USE ONLY**
Verified by                      Date diploma ordered                      Graduation Date
Coded SDB: □ 335    □ 505 Date_______                      Proofed by_______ Date_______
Comments:

Email: reguwt@uw.edu
Phone: 253-692-4913
Fax: 253-692-4414