

REQUEST FOR VERIFICATION OF GRADUATION

NAME: _____

SIGNATURE: _____

DATE: _____

B.U. ID or last 4 digits of SS# _____

DATE OF GRADUATION: _____

_____ **Verification of Graduation**

_____ **Diploma Translation**

_____ **Photocopy of Diploma (Class of 1997 or later)**

Please send document(s) to the following address:

Address: _____

