



MASTER'S/DOCTORAL APPLICATION FOR GRADUATION

Convocation Fee: \$35 if applying by deadline date and \$50 if applying after deadline date

Deadline Date: Spring Convocation – February 1st and Fall Convocation – July 1st

If the deadline falls on a Saturday or Sunday, the deadline is 4:30 p.m. the next working day.

PLEASE NOTE: Graduation information will be sent to the mailing address provided by you on this application. You are responsible for ensuring your mailing address is up-to-date.

Student ID Number: _____

Surname/Family Name: _____

First Name: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Brock Email Address: _____

Country (if not Canada): _____

Telephone: _____

DEGREE/DIPLOMA

Please **PRINT YOUR NAME** as you would like your name to appear on your degree: _____

Hometown (if you wish your hometown to appear in the convocation program) City: _____

Province: _____

Country (if not Canada): _____

I am applying for: **Spring** (June) graduation

Fall (October) graduation

Graduate Degree: **DEGREE SOUGHT**

Diploma

Master's

Doctoral

Graduate Program: _____

Field of Specialization: _____

Student Signature: _____

Date: _____

Protection of Privacy

The information on this form is collected under the authority of The Brock University Act, 1964. It is related directly to and needed by the University to process your application for graduation; and, to register you as a member of Convocation and the Brock University Alumni Association. The information will be used to prepare the Convocation Roll, the Convocation program and other published graduation announcements. If you have any questions about the collection, use or disclosure of this information by the University, please contact the Office of the Registrar, Brock University, St. Catharines, Ontario, L2S 3A1, (905) 688-5550. The information on this form, and any other information held by the University, will also be disclosed to the Office of Alumni Relations and the University Advancement in order to inform you about the benefits of University and Alumni Association career, educational and social programs; to provide you with information about alumni products and services; to facilitate alumni participation in University research projects, alumni surveys and fundraising and development activities; and to administer elections for University and Alumni Association governing bodies. The University may also disclose this information, under strict confidentiality agreements, to outside agencies solely for the provision of mailing or telephoning services on behalf of the University or the Alumni Association. If you have any questions about the collection, use or disclosure of this information by the University, please contact the Director, Alumni Relations, Brock University, St. Catharines, Ontario, L2S 3A1 (905) 688-5550.

FOR FINANCE DEPARTMENT USE ONLY

Account Number: 118-054-003

Payment Received: Cheque Money Order Cash Other _____

Initials: _____ Date: _____

After the Application for Graduation fee has been processed, this form "MUST BE SUBMITTED TO THE FACULTY OF GRADUATE STUDIES".

FOR FACULTY OF GRADUATE STUDIES USE ONLY

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