VU Prospective Graduate Form for Undergraduate Students

Please **complete, print and sign** this form,
then mail, fax or scan & email it to
the Office of the Registrar.

Office of the Registrar
2nd Floor Kennedy Hall
Villanova University
800 Lancaster Avenue
Villanova, PA 19085
Tel: 610–519–4032
Fax: 610–519–4033
Email: registrar@villanova.edu

Villanova Number: _____

Intended graduation year: _____

Intended graduation semester:
- ○ September (work completed during Summer term)
- ○ December (work completed during Fall term)
- ○ May (work completed during Spring term)

DIPLOMA INFORMATION

Diplomas display your name and the title of your degree.

Name: _____

Type or print your name exactly how you want it to appear on your diploma. Be sure to indicate upper & lower case letters, accents & other punctuation, and spacing.

Title of Expected Degree: _____

TRANSCRIPT INFORMATION

Transcripts display your major(s), minor(s), and concentration(s).

Major: _____

Second Major (if applicable): _____

Third Major (if applicable): _____

Minor (if applicable): _____

Second Minor (if applicable): _____

MAILING INFORMATION

Please provide the contact information that you will be using AFTER graduation.

Post Graduation Address: _____

Email Address: _____

Phone Number: _____

Please note: Graduates earn ONE diploma which displays the title of the degree earned. The Dual Degree policy states that students may earn a second degree if they have completed 43 or more additional credits beyond the greater of the two program credit requirements. If you will be eligible for a second degree, please complete another Prospective Graduate Form.

Student Signature _____ Date _____