

This form, when signed, certifies that the below named student has completed all of the requirements for either the degree, additional major and/or minor stated below. A diploma will be ordered when the primary major as well as any additional major(s) and/or minor(s) are certified for the same certification date. Return this form to the Registrar's Office, Warner Hall, Lower Level, or fax to 412-268-6651.

**CarnegieMellon**  
**UNIVERSITY REGISTRAR'S OFFICE**

Warner Hall A19  
5000 Forbes Avenue  
Pittsburgh, PA 15213-3890  
Phone: 412-268-1903  
Fax: 412-268-6651  
university-registrars-office@andrew.cmu.edu  
http://www.cmu.edu/hub

**Graduation Certification Form**

**STUDENT INFORMATION**

Student ID Card Number: \_\_\_\_\_ - OR - Student Andrew ID: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First MI

**CERTIFICATION INFORMATION**

Student's Diploma Name: \_\_\_\_\_

Primary Degree: \_\_\_\_\_

*Example: Master of Science in Computer Science*

Certification Date (circle one): **May** **August** **December** **Year** \_\_\_\_\_  
*(example 2006)*

Masters Thesis Title (if applicable): \_\_\_\_\_

Doctoral Advisor(s) (if applicable): \_\_\_\_\_

Ph.D. Thesis Title (if applicable): \_\_\_\_\_

Additional Major(s): \_\_\_\_\_

*Applicable to undergraduates only.*

Certification Date (circle one): **May** **August** **December** **Year** \_\_\_\_\_  
*(example 2006)*

Minor(s): \_\_\_\_\_

*Applicable to undergraduates only.*

Certification Date (circle one): **May** **August** **December** **Year** \_\_\_\_\_  
*(example 2006)*

Reason for Late Certification (REQUIRED): \_\_\_\_\_

**HONORS:** *Applicable to undergraduates and Tepper School of Business graduates only.*

*Circle all that apply:*

**University**

**College**

\_\_\_\_\_  
*Associate Dean's Office signature required.*

Honors Thesis Title (if applicable): \_\_\_\_\_

**DELIVERY OPTION** *(please check one)*

Student Pick-up in The HUB - provide student's *current* e-mail: \_\_\_\_\_

Mail diploma to student — Is the AGOL address correct? YES  NO

If no, use this address instead: \_\_\_\_\_

**REQUIRED SIGNATURE**

Print Department Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Department Head Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_