Carnegie Mellon University

University Registrar's Office

Department Head Signature: _

University Registrar's Office

Phone: 412-268-1922 registrar-forms@andrew.cmu.edu www.cmu.edu/es

Bachelor Degree Graduation Certification Form

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. Please sign and return the appropriate page of this form (i.e. Bachelor Degree Certification **only**) to the University Registrar's Office via email at registrar-forms@andrew.cmu.edu.

tudent Name:						
	Last		or Preferred			MI
imary College:		Primary Department:				
CERTIFICATION	INFORM	ATION				
tudent's Diploma Name:						
rimary Degree:	achelor of Science in Ci	hemical Engineering, Bachelor of Fine Arts in Musi	c Performance (\)	Violin) Rachelor of	Architecture	
Examples. U		Certification Date (check one):*	May	August	December	Year
	· ·	*If degree was certified more than or	,	_		(evample 20
Additional Major(s):		-	, , ,	- , , , ,		
Additional Major(s):	undergraduates only.					
		Certification Date (check one):	May	August	December	Year
dinor(c)						
Minor(s):	undergraduates only.					
F.F	,	Certification Date (circle one):	May	August	December	Year
Reason for Late Certification	on (REQUIRED):	!				
HONORS:						
Check all that apply:	University	y College				
				Associate	Dean's Office signatu	re required.
Honors Thesis Title (if applicable):					
DELIVERY INFO	RMATION	<u> </u>				
		ugust/December diplomas, and we do			emic departments	or SMC Boxes.
Additionally, a Diploma Delive	ry Address must b	be available in S3; we will not mail to	Permanent A	Addresses.		
Mail diploma to stud	ent (besure add	dress on S3: Degree Certification	is correct)?	YES YES	NO	
If not co	rrect, use this add	dress instead:				
	n-Andrew) email	address:				
Student personal (no						
•	er (required for ir	nternational addresses):				
•	er (required for ir	nternational addresses):				
Student phone numb		nternational addresses):				
Student phone numb	IATURES	<u> </u>			Phone:	
Student phone numb REQUIRED SIGN Print Department Contact Name	IATURES	nternational addresses):			Phone:	

Carnegie Mellon University University Registrar's Office

REQUIRED SIGNATURES

Print Department Contact Name: _____ Print Department Head Name: _____

Department Head Signature: ____

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Master Degree Graduation Certification Form

This form, when signed, certifies that the below named student has completed all of the requirements for the degree stated below. A diploma will be ordered when the degree is certified for the same certification date. Please sign and return the appropriate page of this form (i.e. Master Degree certification **only**) to the University Registrar's Office via email at registrar-forms@andrew.cmu.edu.

STUDENT INFORMATION Student Andrew ID: Student Name: ___ First and/or Preferred Primary College: ___ Primary Department: _____ CERTIFICATION INFORMATION Student's Diploma Name: Degree: Examples: Master of Science in Computer Science, Master of Arts in Professional Writing, Master of Human-Computer Interaction Certification Date (check one):* May December August (example 2014) *If degree was certified more than a year ago, a memo signed by the department head is required. Masters Thesis Title (if applicable): (Tepper School of Business ONLY) University Honors? YES NO Reason for Late Certification (REQUIRED): **DELIVERY INFORMATION** Please note: There is no pick-up option for August/December diplomas, and we do not mail diplomas to academic departments or SMC boxes. Additionally, a Diploma Delivery Address must be available in S3; we will not mail to Permanent Addresses. Mail diploma to student (be sure address on S3: Degree Certification is correct)? If not correct, use this address instead: — Student personal (non-Andrew) email address: Student phone number (required for international students):

mm/dd/yyyy

Date: _

Carnegie Mellon University University Registrar's Office

Department Head Signature: _

University Registrar's Office

Phone: 412-268-1922 registrar-forms@andrew.cmu.edu www.cmu.edu/es

Doctoral Degree Graduation Certification Form

This form, when signed, certifies that the below named student has completed all of the requirements for the degree stated below. A diploma will be ordered when the degree is certified for the same certification date. Please sign and return the appropriate page of this form (i.e. Doctoral Degree Certification **only**) to the University Registrar's Office via email at registrar-forms@andrew.cmu.edu.

STUDENT INFORMATION		
Student Andrew ID:		
Student Name:	First and/or Preferred	MI
Primary College:	Primary Department:	
CERTIFICATION INFORMAT	ION	
Student's Diploma Name:		
Degree:		
Example: Doctor of Philosophy in Public Policy and Man	nagement	
Certification Date (check one)* May	August December Year	
,	August December Year (example 2014) n, a memo signed by the department head is required.	
Doctoral Advisor(s)		
Doctoral Advisor(s).		
Ph.D. Thesis Title:		
		_
Reason for Late Certification (REQUIRED):		
DELIVERY INFORMATION		
Please Note: There is no pick-up option for August,	/December diplomas, and we do not mail diplomas to academic departmer ailable in S3; we will not mail to Permanent Addresses.	its or SMC boxes.
Mail diploma to student (be sure address	s on S3: Degree Certification is correct)? YES NO	
If not correct, use this address		
Student personal (non-Andrew) email addr	ress:	
	national students):	-
REQUIRED SIGNATURES		
•		ne:
Print Department Head Name:	Nata	

mm/dd/yyyy