



Graduate School Petition for Graduation

Office of the Registrar
The University of New Haven
300 Boston Post Road, South Campus Hall
West Haven, CT 06516
Phone 203.932.7309

FEE INFORMATION:	
Refiling	\$50

Effective 9/18/08 there is no charge for petitions. Please send form to address above or Fax 203.932.7429

Apply by: March 1 for May, June 15 for August, and October 15 for January Commencement.

I PLAN TO GRADUATE IN:	JANUARY	MAY	AUGUST
------------------------	---------	-----	--------

STUDENT INFORMATION:

NAME AS IT WILL APPEAR ON YOUR DIPLOMA _____ STUDENT ID NUMBER _____

DEGREE / CONCENTRATION _____

ADDRESSES FOR MAILING OF COMMENCEMENT INFORMATION:

NAME _____

ADDRESS _____ CITY _____ STATE, ZIP _____

E-MAIL ADDRESS _____ DAYTIME PHONE NUMBER _____

ADDRESS TO MAIL DIPLOMA AND FINAL TRANSCRIPT:
(Mailing is completed approximately 3 weeks after graduation.)

ADDRESS _____ CITY _____ STATE, ZIP _____

Please e-mail GradRecords@newhaven.edu with any changes in the above information.

PAYMENT OPTIONS FOR REFILING:

CREDIT CARD (please circle): VISA / MASTERCARD / AMERICAN EXPRESS

Card Number: _____ Expiration Date: _____ 3-Digit Security Code: _____

SIGNATURE _____ DATE _____

PERSONAL CHECK: Please make checks payable to: University of New Haven.
Check #: _____ Amount: _____

IF REFILING: Return this form along with payment information to:
UNH Bursar's Office, 300 Boston Post Road, West Haven, CT 06516
or if paying by credit card, e-mail as an attachment to:
Bursar@newhaven.edu.

FOR GRADUATE RECORDS OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS SECTION.

ALL REQUIREMENTS FOR THE DEGREE HAVE BEEN MET.
REQUIREMENTS MUST BE MET BEFORE DEGREE IS CONFERRED:
