

PROJECTED DOCTORAL GRADUATES – ALL CAMPUSES

Applied for Graduation Date: Month _____ Year _____

I will _____ Will NOT _____ attend the Commencement Ceremony in (month) _____.

NAME:

FULL TITLE OF DISSERTATION:

OBTAINED BACHELOR'S Where:

Degree:

Year:

OBTAINED MASTER'S Where:

Degree:

Year:

HEIGHT:

APPROXIMATE WEIGHT:

WHO IS YOUR DISSERTATION COMMITTEE CHAIR? THIS IS
THE PERSON WHO WILL HOOD YOU:

AT WHAT SITE (CITY) HAVE YOU TAKEN YOUR DOCTORAL
COURSEWORK?

(This form is to be emailed to Dr. Eileen McDonough – Main Campus)

Email it to address below please.

emcdonough@mail.barry.edu