

Office of the University Registrar Student Union 1, Room 2101 4400 University Drive, MS 3D1 Fairfax, VA 22030 (703) 993-2441, Fax (703) 993-4668

VERIFICATION OF PENDING DEGREE

DEGREE

FOR CURRENT SEMESTER USE ONLY

G#:	Mason E-mail:				Phone:	
Name:						
	Last			First		M.I.
Degree	Expected:	Spring Summer I Circle One	all Yea	ar		
Degree	Program: _					
Reason	for Emerge	ncy Request (Requir	red):			
A Pendi •	Pending De				strar, requires the followir who cannot wait until the cor	-
•	 All graduation requirements have been met, including all final grades recorded on the official transcript. All holds (e.g. financial obligations) must be cleared before requests can be honored. A Graduation Application has been submitted by the student. The Academic department verifies, by signing below, that all graduation requirements have been met. 					
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•						
•						
A	dvisor Name		Advisor Signatur	re (Required)	Date	
– Cl	Chair Name Chair Signature (Rec			(Required)	Date	
Verifica busines		ding Degree letters	will only be sen	t directly to the third	l party. Processing can tak	e up to two (2)
Send by	y (Check ON	IE): Standa	ird mail	Email	Fax	
Send Verification to: Name of 3rd party recipient:						
	Street Add	ress:				
	City:State:Zip:Country (if not USA): _					
	Email:				Fax:	
Student	t Signature	(Required):			Date:	

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