



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

DIPLOMA ACCENT MARK REQUEST

G#: _____ Name: _____
Last First M.I.

Daytime Phone: _____ Mason Email: _____

Term of Graduation	Request Due
May	April 1
August	July 1
January	December 1

Approved Accent Marks: (please circle all that apply)

à	á	â	ã
ä	å	ç	è
é	ê	ë	ì
í	î	ï	ñ
ò	ó	ô	õ
ö	ø	ù	ú
û	ü	ý	ÿ

Requested Accent for Diploma Name:

Please note: George Mason University will only issue diplomas using the student's name of record.

You may only request approved accent marks that do NOT change your name of record. The name fields shown below are only for the purpose of illustrating how your requested accent mark(s) should be applied to your existing name of record. Accent marks requested for names not currently in your Mason record will not be honored. **To change your name of record, contact the Office of the University Registrar at 703-993-2441 prior to the submission of this form.**

First: _____

Middle: _____

Last: _____

Suffix (circle, if any): Jr. Sr. II III IV V

Student Signature (Required): _____ Date: _____