Office of the Registrar
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
T: 905.688.5550
F: 905.988.5488

Intent to Graduate

STUDENT INFORMATION

Consult *www.brocku.ca/convocation* for important information on graduation.

|___|___|___|___|___|___|___|
BROCK STUDENT ID NUMBER

Name:

Email: @brocku.ca
(Correspondence will be made through your Brock email only)

GRADUATE INFORMATION

CONVOCATION CEREMONY (CHOOSE ONE OPTION): ☐ Spring (June) Graduation ☐ Fall (October) Graduation

NAME ON DIPLOMA/CERTIFICATE:_____
(your full name as you would like it printed on your diploma/certificate)

HOMETOWN: _____
(Indicate hometown only if you would like it to appear in the program booklet. If your hometown is outside of Canada, please indicate the country only.)

DEGREE/CERTIFICATE: (e.g. BA) _____

DEGREE LEVEL: ☐ **Honours** ☐ **4 Year with Major** ☐ **3 Year Pass**
(choose one option)

MAJOR:
(choose one option)

☐ **OPTION 1: SINGLE MAJOR**
(list one major)
1. _____

☐ **OPTION 2: COMBINED MAJOR**
(list two majors)
1. _____
2. _____

☐ **OPTION 3: GENERAL STUDIES**
(choose one)
☐ General Humanities
☐ Social Sciences
☐ Science *(also list two subject areas)*
1. _____
2. _____

CONCENTRATION: _____

MINOR: _____
(minors are not printed on the diploma)

SIGNATURE: _____ **DATE:** _____

FEE INFORMATION

☐ **ATTENDING CONVOCATION $40** - *Ceremonial fee for gown and hood regalia rental.*

☐ **NOT ATTENDING CONVOCATION $40** - *Diploma/Certificate mailing fee.* Please ensure your mailing address is up-to-date on the student portal (my.brocku.ca). It is your responsibility to ensure that your address and telephone number is correct. Diplomas will not be mailed out until the week after convocation has finished.

****LATE FEE $25** - *Applicable after February 1 for Spring and July 2 for Fall.*

All fees are non-refundable. Please check *Intent to Graduate* on my.brocku.ca for status updates.

Protection of Privacy: The information gathered on this form is collected under the authority of the Brock University Act, 1964. The information is used for the academic, administrative and statistical purposes of the University. This information is protected and is being collected in accordance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection or use of this personal information should be directed to the University Registrar at Brock University in ST 301, or at 905-688-5550 x3430 or see www.brocku.ca/registrar.

OFFICE USE ONLY

DBBROCK: _____ DELETED: _____ REINSTATE: _____

PAYMENT INFORMATION ***Please note we cannot accept form submission via email if paying with credit card.*

Method of Payment ☐ **Cash** ☐ **Cheque** ☐ **Debit Card** ☐ **VISA** ☐ **MasterCard**

Credit Card No. | | | | | | | | | | | | | | | | **Expiry Date (MM/YY)** | | | |

Signature of Card Holder: **Date** (MM/DD/YY):