



Office of the Registrar
Registrar@saybrook.edu

POSTHUMOUS DEGREE REQUEST FORM

This form is for an affiliate of a departed student who wishes to request that a posthumous degree be awarded on the student's record and a diploma ordered in the student's name.

INSTRUCTIONS: Fill out the information below. Email the document as an attachment to Registrar@saybrook.edu.

SECTION I: TO BE COMPLETED BY STUDENT'S AFFILIATE

Student Name <i>(on student record):</i>	
Student Name <i>(as it should appear on the diploma*):</i>	
Address <i>(where diploma will be mailed):</i>	
Phone Number:	
Email Address:	
Program:	
Date Degree Conferred <i>(please estimate if unsure):</i>	

*Diploma name must be legal name or common nickname. May not include titles or educational/professional suffixes.

Student's Affiliate's Signature:		Date:	
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SECTION II: TO BE COMPLETED BY SAYBROOK/TCS STAFF

FOR OFFICE USE ONLY			
Is Student in Good Academic Standing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is their current Academic Status?	
Was the Student recently enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what was their last term of enrollment?	
Has the student met the necessary threshold of degree progress?			
Master's Students = 50% Progress:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doctoral Students = Dissertation Phase OR 75% Progress:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registrar Reviewed:		Date:	
College Dean Approved:		Date:	
VPAA Approved:		Date:	
President Approved:		Date:	
Registrar Processed:		Date:	