

UNIVERSITY OF WASHINGTON
POSTHUMOUS DEGREE REQUEST
OFFICE OF THE UNIVERSITY REGISTRAR

STUDENT INFORMATION:

NAME OF STUDENT:	STUDENT OR SS NUMBER:
DEGREE BEING SOUGHT:	COLLEGE:
ATTACHED: <input type="checkbox"/> DEGREE AUDIT <input type="checkbox"/> TRANSCRIPT	

DEGREE REQUESTING PARTY:

NAME:	
EMAIL ADDRESS	PHONE NUMBER
MAILING ADDRESS	

FOR COLLEGE USE:

THIS DEGREE REQUEST HAS BEEN

APPROVED DENIED

COMMENTS:

DEAN'S SIGNATURE: _____ DATE: _____

If approved and signed, please forward to:

Graduation and Academic Records
Box 355850
ATTN: Assistant Registrar

If denied, please send requester a letter of explanation. Return this form along with a copy of the letter to the above address.