REQUEST FOR POSTHUMOUS DEGREE

CSUDH
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

THE REGISTRAR'S OFFICE

Please submit to the graduation drobox: https://www.csudh.edu/registrar/forms/

Policy: To be considered for a posthumous degree, the student should have fulfilled the following requirements:

☐ Registration in good standing in a recognized CSUDH degree program within some part of the most recent academic year.

☐ Completion of at least 90% of the credit and coursework requirements in the chosen program, exclusive of thesis or other culminating project.

☐ Completion of at least two full-time semesters in residence at CSUDH.

☐ A grade-point average of 3.0 or higher for graduate students or a 2.0 or higher for undergraduates in all courses attempted as part of the degree program.

☐ Other program-specific requirements or outcomes identified by the degree program.

Date of Graduation (Please indicate one only):

TERM: _____ **YEAR:** _____

STUDENT ID: _____ **DATE OF BIRTH:** _____

LEGAL NAME as it appears on the student's CSUDH records (Please also provide previous names, if any)

_____

Last Name   First Name   Middle Name

DIPLOMA NAME as you wish it to appear on the diploma (Last name must be the same as on the student's CSUDH record)

_____

Last Name   First Name   Middle Name

MAILING ADDRESS FOR DIPLOMA:

_____

Address   City   State Zip Code

PHONE NUMBER: _____ **EMAIL:** _____

MAJOR: _____
Concentration /Option (If Applicable)

DEPARTMENT CHAIR SIGNATURE: _____ **Date:** _____
Major Program
☐ APPROVED ☐ DENIED

COLLEGE DEAN SIGNATURE: _____ **Date:** _____
☐ APPROVED ☐ DENIED

REGISTRAR SIGNATURE: _____ **Date:** _____
☐ APPROVED ☐ DENIED

PROVOST/VP ACADEMIC AFFAIRS SIGNATURE: _____ **Date:** _____
☐ APPROVED ☐ DENIED