



The College of William and Mary
Office of the University Registrar
PO Box 8795
Williamsburg, VA 23187-8795
(757) 221-2800 fax: (757) 221-2151
registrar@wm.edu

NOTICE OF CANDIDACY FOR GRADUATION

Please **PRINT** your name exactly as you wish to have it appear on your diploma. (No Nicknames)

(Ex. John Michael Smith)

*****Your name will appear on the diploma exactly as printed above.**

Hometown: _____
(Please include city and state. This information will be included in the Commencement Book)

Student ID Number: _____

E-mail Address: _____

Local Phone: _____

Home Phone: _____

Daytime Phone: _____

Intended Semester of Graduation: Year _____
 May August January

Degree: *(Please check one)*

Major 1: _____
Concentration: _____
(if applicable)

Arts and Sciences and Marine Science

- Bachelor of Science (BS)
- Bachelor of Arts (BA)
- Master of Science (MS)
- Master of Arts (MA)
- Master of Public Policy (MPP)
- Doctor of Philosophy (PhD)

Major 2: _____
(if applicable)
Concentration: _____
(if applicable)

Business Administration

- Bachelor of Business Administration (BBA)
- Master of Business Administration (MBA)
- Master of Accounting (MAC)

Minor: _____
(if applicable – Minor form must be turned into the Office of the University Registrar no later than six weeks prior to graduation)

Education

- Master of Education (MEd)
- Master of Arts in Education (MAEd)
- Educational Specialist (EdS)
- Doctor of Education (EdD)
- Doctor of Philosophy (PhD)

Law

- Juris Doctor (JD)
- Master of Laws (LLM)

Diploma Distribution:
 If you are not picking up your diploma in person, our office will email you additional information regarding delivery of your diploma. This information will be sent to your William and Mary email address and will require your response to ensure delivery of your diploma.

The information I have provided on this form is true to the best of my knowledge. I understand that if I change plans and will not graduate as specified on this form, I will notify the University Registrar as soon as possible.

Signature _____

Date _____

- Please return the completed form to the address/fax above, or submit in person to Blow Memorial Hall.
- At the time of submission of your Notice of Candidacy form, a *one-time, non-refundable* graduation fee of \$75.00 will be charged to your student account. Please do NOT submit payment with this form. Changes in graduation date after initial submission of the Notice of Candidacy will *not* result in additional fees.

FOR OFFICE USE ONLY

Received _____ Posted _____ Initials _____