

Registrar s Office Fredericton NB E3B 5G3 Tel: 506-452-0530 Fax: 506-452-7706 registrar soffice@stu.ca

Application for BSW and BEDGraduation

| Student ID Number: | | |
|-----------------------------|---|---|
| Note: The name | <u>e you give here will be printed</u> | on your diploma. Please print clearly. |
| | | |
| First Name | Middle Name | Last Name |
| Home Town (to be printed | in the graduation programme) | : (City and Province) |
| Mailing Address: (diploma w | ill be mailed to this address if you do not a | ttend the ceremony and live outside F redericton) : |
| Walling Address. (diploma w | Province | |