

UNIVERSITY OF WASHINGTON BOTHELL

POSTHUMOUS DEGREE REQUEST

OFFICE OF THE REGISTRAR



Student Information:

Name of Student:	Student Number:
Degree Being Sought:	School:

Requester Information:

Name:	
Email Address:	Phone Number:
Mailing Address (Diploma will be sent here):	

School Use:

This degree request has been:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments: _____ _____ _____	
Dean's Signature: _____	Date: _____

If approved and signed, please send the completed form to:

uwbreg@uw.edu

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