

**PROJECTED DOCTORAL GRADUATES – ALL CAMPUSES**

Applied for Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

I will \_\_\_\_\_ Will NOT \_\_\_\_\_ attend the Commencement Ceremony in (month) \_\_\_\_\_.

NAME:

FULL TITLE OF DISSERTATION:

OBTAINED BACHELOR'S Where:

Degree:

Year:

OBTAINED MASTER'S Where:

Degree:

Year:

HEIGHT:

APPROXIMATE WEIGHT:

WHO IS YOUR DISSERTATION COMMITTEE CHAIR? THIS IS  
THE PERSON WHO WILL HOOD YOU:

AT WHAT SITE (CITY) HAVE YOU TAKEN YOUR DOCTORAL  
COURSEWORK?

(This form is to be emailed to Dr. Eileen McDonough – Main Campus)

***Email it to address below please.***

**[emcdonough@mail.barry.edu](mailto:emcdonough@mail.barry.edu)**