

_____ Date

GRADUATION FORM

Please Print

NAME EXACTLY AS IT APPEARS ON YOUR TRANSCRIPT (as in your "My Extension" account) STUDENT I.D. #

STREET ADDRESS CITY/STATE/ZIP

() TELEPHONE E-MAIL

TITLE OF CERTIFICATE COMPLETION DATE FINAL QUARTER

Please check boxes that apply

Certificate Options

- 1. Please mail to the address above
- 2. Please mail to the alternate address provided below
- 3. I will pick-up my certificate at UCLA Extension
- 4. I would like my name to appear as on my transcript
- 5. I would like my name to appear as printed below:

IF YOU CHECKED BOX #5 ABOVE, PLEASE PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE

IF YOU CHECKED BOX #2 ABOVE, PLEASE PROVIDE AN ALTERNATIVE MAILING ADDRESS
(FOR INTERNATIONAL ADDRESS PROVIDE ALL INFORMATION AS IT SHOULD APPEAR ON THE MAILING LABEL)

TESTIMONIAL (OPTIONAL)

Explain in detail how you benefited from the certificate program (use reverse or attach paper if additional space is needed). This testimonial may be used in UCLA Extension's promotional material and, as such, may be edited for style and/or space limitations. Your signature is required below.

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Signature _____ Date _____