

Office of the Registrar Via Pietro Roselli 4, Rome 00153, Italy Tel. 39-0658330919 Fax: 39-0658330992 e-mail: z.desmet@aur.edu or registrar@aur.edu

GRADUATION REQUEST FORM

Candidates for degrees, must complete a Graduation Request Form before commencing their last semester of study, and have it approved by their academic advisor, and returned to the Registrar's Office. Students may not apply to graduate during summer sessions; students completing requirements during summer sessions must file for graduation before their last semester of study i.e. before the beginning of the Spring Semester. Please refer to the academic calendar for specific deadline dates.

Student's name as you want your diploma to read

Last name

First name

Middle name (if any)

Telephone

Email

Citizenship (required information for graduation ceremony):

COURSES IN PROGRESS		COURSES TO BE TAKEN	
Course code & title:	Type of requirement :(es. Ged Ed. Roma Caput Mundi, Minor, free electives etc.)	Course code & title:	Type of requirement: (es. Ged Ed. Roma Caput Mundi, Minor, free electives etc.)
1	•••••	1	
2		2	
3		3	
4		4	
5		5	
6		6	
AEE – Alternative Educational Experience: Completed / In progress, with (es. Internship, fieldtrip, practicum, study abroad etc.) I formally request to be considered for graduation. Signature of student Date			
TO BE FILLED IN BY THE ACADEMIC ADVISOR			
AUR requirements will be completed for a:			
Major:	Minor:	Concentratio	n:
In 🗌 DECEM	IBER 🗌 MAY 🗌 JULY	(Year)	
GRADUATION AUDIT APPROVED BY:			
OFFICE USE ONLY			
APPROVED BY THE REGISTRAR ON:			

Latest version updated March 23, 2022

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