

# Prospective Grad List Problems



Registrar's Office  
62 York Street, Sackville, NB  
Canada, E4L 1E2  
(506) 364-2269 (phone)  
(506) 364-2272 (fax)

Last Name	First /Preferred Name	Middle Name	E-mail Address	Phone Number ( )	Student ID #
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**Degree Program:**  Bachelor of Arts     Bachelor of Science     Bachelor of Commerce  
 Bachelor of Fine Arts     Bachelor of Music

**Major(s)** (if applicable) \_\_\_\_\_

**Minor(s)** (if applicable) \_\_\_\_\_

**Honours** (if applicable) \_\_\_\_\_

**Honours Certificate** in \_\_\_\_\_

**Master of Science** in \_\_\_\_\_

Upon review of the Prospective Grad list I wish to report the following problem(s):

- My name does not appear on the list. My Application for Graduation and Degree Audit form are attached.
- My name does not appear on the list because my course registration did not fulfill degree requirements. I have made the necessary changes to my registration and would like to request a recheck of my degree requirements.
- I have made changes to my registration since submitting my degree audit form. I would like to request a recheck of my degree requirements.
- My name is misspelled. Correct spelling \_\_\_\_\_
- My hometown is incorrect. It should be: \_\_\_\_\_
- My degree program is incorrect. It should be:     Bachelor of Arts     Bachelor of Science     Bachelor of Commerce  
 Bachelor of Fine Arts     Bachelor of Music
- My Major/Minor/Honours are not listed correctly:
  - Major(s) \_\_\_\_\_
  - Minor(s) \_\_\_\_\_
  - Honours \_\_\_\_\_
- Other (please provide details) \_\_\_\_\_

- I wish to withdraw my name from the Prospective Grad list. I do not intend to complete my degree requirements by the end of this academic year. I understand that I will have to complete another Application for Graduation by September 1 for October graduation or September 30 for May graduation of the academic year in which I intend to graduate.

Student Signature

Date

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