



THE UNIVERSITY OF
WINNIPEG

Request to Receive Degree in Absentia

Student Number: _____

Date: _____

Name: _____

Address: _____

City _____ Postal Code: _____

E-mail _____ Telephone Number: _____

Degree (B.A., B.Sc. Hon., 4 yr. etc): _____

Expected Grad Date (Check one):

Spring (June)

Fall (October)

Winter (February) in Absentia only*

*Winter (February) Graduands ONLY: will you be participating in the June Ceremony? (Y/N) ____

Please check one:

Mail degree to address above

Mail degree to this address below:

*This form is not an application for graduation; students must apply to graduate online using their WebAdvisor Account.
This form may be saved and e-mailed to convocation@uwinnipeg.ca.*