



Registration Response Form
For
GSE Commencement
Friday, May 9, 2008
9:00 a.m.
Center for the Arts
University at Buffalo (North Campus)

Please complete this form and return it by Friday, March 21, 2008, to Ms. Monica Washington, Office of the Dean, Graduate School of Education, University at Buffalo, 367 Baldy Hall, Buffalo, NY 14260-1000.

Name _____ Person Number _____

Please provide a common word pronunciation of your name which will assist us in announcing your name correctly at commencement (e.g., Alan Kiener is key-ner): _____

Address _____
Street City State Zip Code

Telephone Number _____ E-Mail Address _____

Conferral Date (check one) _____ September 2007 _____ February 2008 _____ June 2008

Degree Conferred (check one) ___ Ed.M. ___ M.S. ___ M.A. ___ M.L.S. ___ Ed.D. ___ Ph.D.

Program _____ Name of Advisor _____

Dissertation Title (Ed.D./Ph.D. degree recipients only)

Commencement Participation (check one)

_____ I will attend the commencement exercises on Friday, May 9, 2008.

_____ I will not attend the commencement exercises on Friday, May 9, 2008.