

**INTERNATIONAL UNIVERSITY FOR GRADUATE STUDIES**  
**Corner of Rodney & Sandwich Street, Portsmouth, Commonwealth of**  
**Dominica, W.I.**

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**E-mail: [admissions@iugrad.edu.dm](mailto:admissions@iugrad.edu.dm)**

**DIPLOMA RELEASE FORM**

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Dear Graduating Candidate:

To assure the correct printing of your name and degree title on your diploma, we are requesting you fill out this form and either email to [admissions@iugrad.edu.kn](mailto:admissions@iugrad.edu.kn) or fax to (844) 373-5816

Thank you for your cooperation, and congratulations on the completion of your doctoral requirements.

**1. PLEASE PRINT NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA:**

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**2. TITLE OF YOUR DEGREE and NAME OF PROGRAM** i.e.: Doctor of Philosophy (Ph.D) in Behavioral Health, Doctor of Psychology (Psy.D) in Addiction Studies, Doctor of Social Work (D.S.W.), Doctor of Education (Ed.D). *If you are not sure of the title of your degree please check with the Dean of your program.*

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**3. APPROXIMATE DATE OF COMPLETION:**

**4. PLEASE MAIL MY DIPLOMA TO THE FOLLOWING ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**5. FOR ADMINISTRATIVE PURPOSES, please complete the following:**

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date