



Registrar's Office  
 501 Crescent Street  
 New Haven, CT 06515-1355  
 Phone: 203-392-5301  
 Fax: 203-392-7144  
 Email: [Registrar@SouthernCT.edu](mailto:Registrar@SouthernCT.edu)  
 Web: [OneStop.SouthernCT.edu](http://OneStop.SouthernCT.edu)

## Posthumous Degree Request

Undergraduate and graduate students who are enrolled in degree or certificate programs at the time of their death, who will have completed at least 75% of their degree or certificate program requirements will be eligible to receive their degree or certificate posthumously.

Undergraduate and graduate students who are enrolled in degree or certificate programs at the time of their death, who will have completed less than 75% of their degree or certificate program requirements will be eligible to receive a Certificate of Academic Achievement in Memoriam.

To receive a Posthumous Degree or a Certificate of Academic Achievement in Memoriam a student must be in good standing at the University at the time of his or her death. A request for either a Posthumous Degree or a Certificate of Academic Achievement in Memoriam would usually be made by the relevant Department or Program, following consultation with the student's family.

Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be submitted to the Registrar's Office. Your request will be routed to the appropriate department for review of academic standing and progress in the program. Please allow within 3-4 weeks for a recommendation.

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### FOR OFFICE USE ONLY:

Certification of Good Standing:	Yes	No (not eligible)
Program Completion 75% or higher:	Yes	No

*Note: Transcript and degree evaluation are attached for your review.*

Department Chair Signature: _____	Date: _____	Approved	Denied
School Dean Signature: _____	Date: _____	Approved	Denied
Graduate Dean Signature (if applicable): _____	Date: _____	Approved	Denied
Provost Signature: _____	Date: _____	Approved	Denied
President Signature: _____	Date: _____	Approved	Denied

*This form may be returned to the Registrar's Office for processing.*

Revised 3/24/2020