

University Honors Program Graduation Information Form

Name/Student ID: _____

Local Address: _____

Local Phone/E-Mail: _____

Hometown: _____

Major(s): _____

Minor(s): _____

Emphasis: _____

Expected Graduation: Fall _____ Year _____
 Spring _____ Year _____
 Summer _____ Year _____

Names/Addresses of those you'd like the UHP to invite to the Graduation Awards for Excellence Ceremony:

If you have post-graduation contact info that you'd like to share, please provide it so that we may keep in touch with you!

Please return this form to University Wisconsin Oshkosh, University Honors Program, 800 Algoma Blvd., Oshkosh, WI, 54901-8654 or drop it by Polk 8 anytime.