STOCKTON UNIVERSITY

Office of Student Records Campus Center Suite 203 101 Vera King Farris Drive Galloway, NJ 08205-9441 Phone: 609-652-4235 Fax: 609-626-5547 Email: <u>registrar@stockton.edu</u> Web: <u>www.stockton/registrar</u>

Posthumous Degree Request

To recognize the work of students who pass away during their enrollment at the University, the institution shall award degrees to students posthumously, as outlined in Policy II-22.

Students who are enrolled in degree programs at the time of their passing, who will have completed at least 50% of their degree program requirements and are in good standing will be eligible to receive their degree posthumously.

Students who are enrolled in degree programs at the time of their passing, who will have completed less than 50% of their degree program requirements and are in good standing will be reviewed by program faculty to determine degree eligibility. Cases that do not meet the above-specified criteria may be considered when extraordinary circumstances prevail and must be approved by the academic program and the provost.

To receive a Posthumous Degree a student must be in good standing at the University. A request for a Posthumous Degree is made to the relevant academic program, following consultation with the student's next-of-kin. Typically, the next-of-kin are those who are identified as the executor of one's estate and verified through probate documentation.

Student ID:	Student Name:
Requester's Name:	Relation to Student:
Telephone Number of the Requestor:	
Requestor's Signature:	
Address the degree should be mailed:	
Street address	
City, State, zip code	

Submit this form to the Student Records Office for processing and routing to the appropriate department for review of academic standing and progress in the program. Please allow 4 weeks for a recommendation.

Office Use Only				
Student Records Office	Certification of Good Standing Program Completion 50% or higher	Yes Yes	No (not eligible) No (send to program)	
Transcript and degree evaluation are attached for academic program review.				
Program Chair Signature:			Date:	
School Dean Signature:			Date:	
Provost Signature:			Date:	
Return this form to the Office of Student Records/ Registrar's Office for processing.				
Student Records verified proba	te documentation to validate the request.] Yes 🔲 No	Revised July 2024	