

The University of Kansas
Office of the University Registrar
Statement of Forthcoming Degree (SOFD)
KU Visitors Center, 1502 Iowa St., Lawrence KS 66045
Phone: 785-864-4423 Fax: 785-864-3900

- 1) SOFD requests will not be processed for students with financial obligations to the University.
- 2) You will be billed after your request is processed. Do not send credit card information.
- 3) All charges are nonrefundable.
- 4) Do not submit the same form in multiple methods (i.e. hand deliver and fax the same form), or repeatedly submit the same request; processing and charges will be duplicated and all charges will be your responsibility.
- 5) Photo identification is required to pick up your SOFD in the KU Visitor Center; written authorization must be granted on this form if you wish your SOFD to be picked up by another person.
- 6) Incomplete forms or forms with inaccurately reported information will not be processed.
- 7) If faxing the form, contact our office to confirm receipt.

PART 1: Billing Address & Identifying Information:

Student Name: _____ Student KU ID: _____
Address: _____ City: _____
State: _____ Zip: _____ Country if other than the U.S.: _____ Telephone: _____
E-mail Address: _____ Student Date of Birth: _____

PART 2: To be completed by the student's academic school prior to submission to the Office of the University Registrar.

(Students: Do not complete this section, submit it to your academic school for completion.)

This is to certify that as of ____/____/____ all academic work has been completed by: _____
(date completed*) (Student Name)

for a _____ in _____
(type of degree) (major)

Term degree is expected to be awarded: _____

Authorized Signature Title Date

***At the time this form is completed all academic requirements must be fulfilled. Forms with a future date or dated after the degree is expected be awarded will not be accepted.**

PART 3: Processing Options:

Options (a) thru (e) are processed in the order they are received; (f)-(j) are processed upon receipt and put into transit same day if received by 12:00p.m. CST.

- | | |
|---|---|
| (a) pick up at the Visitors Center (\$3 each) | (f) expedited pick up at the Visitors Center (\$15 each) |
| (b) email (\$3 each) | (g) expedited email (\$15 each) |
| (c) U.S. domestic mail via USPS (\$3 each) | (h) expedited U.S. domestic mail via USPS (\$15 each) |
| (d) International Air mail (outside U.S.) (\$10 each) | (i) expedited via International Air mail (outside U.S.) (\$22 each) |
| (e) mailed via Federal Express (\$28 each) | (j) expedited mail via Federal Express (\$40 each) |

Processing option (select one): (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) Number of copies: _____

Name: _____ Attn: _____

Address: _____ City: _____

State: _____ Zip: _____ Country if other than the U.S.: _____

When option (a) or (f) is selected, name of person who will pick up (bring photo id): _____

When option (b) or (g) is selected, provide recipient e-mail address: _____

- Check box if additional requests are included on back. Please duplicate information included in Part 3 to ensure all necessary information is included on the request.

PART 4: Student Signature: _____ **Date:** _____
(Handwritten signature or PDF Certificate-based digital signature)