

**The University of Kansas**  
**Office of the University Registrar ~ Statement of Forthcoming Degree (SOFD)**

KU Visitor 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) Photo identification is required to pick up your SOFD in the KU Visitor Center; written authorization must accompany this form if you wish your SOFD to be picked up by another person. 5) 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. 6) If faxing the form, contact our office to confirm receipt. 7) Incomplete forms or forms with inaccurately reported information will not be processed.

**PART 1:** 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. It is to be completed by the student's school.)

**This is to certify that:** \_\_\_\_\_ has completed all requirements for the  
(Student Name)  
\_\_\_\_\_ degree, the major is \_\_\_\_\_.

**Date all academic work completed:** \_\_\_\_\_ (This date cannot be a future date or after the date the degree will be awarded. At the time this form is completed by the student's school all academic work must be completed. Forms with a future date or dated after the degree will be awarded will not be accepted.)

**Date degree will be awarded:** \_\_\_\_\_

**Student KU ID:** \_\_\_\_\_

\_\_\_\_\_  
**Dean/Director Signature**

\_\_\_\_\_  
**Date**

**PART 2: Billing Address & Identifying Information:** Student must complete the remainder of this form before submitting for processing.

**Student Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country if other than the U.S.** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

\* \* \* \*

**PART 3: Processing Choose ONE**

**REGULAR PROCESSING:** Requests are processed in the order they were received, via walk-in, mail and fax

**Total number to be processed regular processing** \_\_\_\_\_

**Pick-up \$3 – I will pick up** \_\_\_\_\_ **copies (indicate the number of copies for pick up)**

**Mail in the U.S.-Domestic \$3**

**International Air Mail (destinations outside the U.S.) \$10**

**Federal Express \$28**

**EXPEDITED / SAME DAY PROCESSING:** Requests are processed upon receipt.

Same day requests are processed the same day and put into transit if received by 1:00 p.m. CST.

**Total number to be processed expedited processing** \_\_\_\_\_

**\*Pick Up \$15 – I will pick up** \_\_\_\_\_ **copies (indicate the number of copies for pick up)**  **\*U.S. Mail \$15**

**\*International Air Mail \$22**

**\*Federal Express \$40**

**\*International Fed Express \$40+other charges (Call for quote)**

**PART 4: Send to the following Address: How many statements to the following address?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Attn:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country if other than the U.S.** \_\_\_\_\_

**Check here if there are additional addresses on the back.**

\* \* \* \*

**PART 5: Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_