**Booking your Graduation Ceremony**

Please complete the form below and return it to the Praelector’s Clerk at Newnham College.

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| Full Name: (Block Capitals) |
| Name at Matriculation if different:(Block Capitals) |
| Year of Matriculation: Date of Birth: |
| Degree to be taken: **IN PERSON/IN ABSENTIA\*** (please state) \* delete as appropriate |
| Congregation date on which Degree to be taken: |
| Please supply us with an *alternative* email address (NOT your @cam one):………………………………………………………………………………………………………………. |
| Signed .......................................................................................................Date ............................................. |