WIDENER UNIVERSITY DELAWARE LAW SCHOOL
MASTER OFJURISPRUDENCE GRADUATION PETITION

LAST NAME FIRST NAME STUDENT ID #

Permanent Mailing Address: _____

_____

_____

DEGREE INFORMATION

Anticipated Degree Date (check one): ☐ DEC 2026 ☐ MAY 2027 ☐ AUG 2027

_____Master of Jurisprudence in Health Law
_____Master of Jurisprudence in Corporate & Business Law
_____Other please list: _____

Please indicate the concentration that may apply: _____

GRADUATION CEREMONY INFORMATION

I do ☐ I do not ☐ plan to attend the ceremony on Thursday, May 13th, 2027 in Chester, PA

I do ☐ I do not ☐ authorize the release of my name, degree, date of graduation or former schools attended for the commencement program.

SIGNATURE:_____ **DATE:** _____