

**WIDENER UNIVERSITY DELAWARE LAW SCHOOL
JURIS DOCTOR GRADUATION PETITION**

LAST NAME

FIRST NAME

STUDENT ID #

Permanent Mailing Address:

DEGREE INFORMATION

Anticipated Degree Date:

☐

DEC 2026

☐

MAY 2027

☐

AUG 2027

GRADUATION CEREMONY INFORMATION

Please PRINT your name exactly as you want it announced at commencement:

Height:

☐

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, and date of graduation for the commencement program.

SIGNATURE:

DATE:
