



Sacred Heart UNIVERSITY

Griswold Campus

Graduation Data Card

Name _____
Print LEGAL NAME as it is to appear on your degree

Student ID# _____

Address _____
Street

City State Zip

Telephone # _____

Email Address _____

Degree Completion Date *Circle month and fill in year*

August _____

December _____

May _____

Degree Program

MAT

Master of Arts in Teaching

MEd

Master of Education

6th Year/CAS

PR 6th Year - Administration,
Literacy or Teaching

PLEASE SUBMIT COMPLETED FORM TO SHU-GRISWOLD OFFICE.

P.O. Box 399, Griswold CT 06247

Phone (860) 376-8408 • Fax (860) 376-1798