

# Posthumous Degree Request Form

Date \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First

Student ID \_\_\_\_\_

Address \_\_\_\_\_  
Street  
City State Zip

Major \_\_\_\_\_

Degree \_\_\_\_\_

Term Requested: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

I would like to request a Posthumous Degree for the following: (check one)

- Bachelor's Degree  
For bachelor's degrees, a "substantial portion" means that at the time of death, the student:
1. was actively matriculated or eligible to be matriculated at the California State University, Bakersfield;
  2. was within 30 units of completing their degree;
  3. had satisfactorily completed at least 20 semester units of coursework at the University;
  4. had a grade-point average of 2.0 or higher for all units used in calculating the student's grade-point average.

- Master's or Doctoral Degrees  
For master's and doctoral degrees, a "substantial portion" means that at the time of death, the student:
1. was actively matriculated or eligible to be matriculated at the California State University, Bakersfield;
  2. had completed at least 75% of the required units for the formal program;
  3. had a grade-point average of 3.0 or higher in all courses attempted to satisfy requirements for the degree.

### Instructions:

The Office of Academic Programs confirms student's eligibility then routes request for approval from Graduate Program Director (if applicable), Department Chair, and Associate Dean. Once approved, the Office of Academic Programs notifies the President's Office of the approval. If the President also approves, the Office of Academic Programs notifies Enrollment Management and requests the awarding of the degree.

### Confirmation of AVP for Academic Affairs, Dean of Academic Programs (REQUIRED):

Eligible  Not Eligible

\_\_\_\_\_ Date Signed: \_\_\_\_\_

### Recommendation of Graduate Program Director signature (if applicable).

Support  Don't support  Comments: \_\_\_\_\_

\_\_\_\_\_

Graduate Program Director Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Graduate Program Director name: \_\_\_\_\_

**Recommendation of Department Chair** in which student's degree program falls **(REQUIRED)**

Support  Don't support  Comments: \_\_\_\_\_

\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Department Chair name: \_\_\_\_\_

**Recommendation of Associate Dean** in which student's degree program falls **(REQUIRED)**

Support  Don't support  Comments: \_\_\_\_\_

\_\_\_\_\_

Associate Dean Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Associate Dean name: \_\_\_\_\_

**Signature of President (REQUIRED):** \_\_\_\_\_

Approved  Denied

**Received by Enrollment Management:**

Date: \_\_\_\_\_

Comments: \_\_\_\_\_