



Office of the Registrar
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Office of the Registrar

Posthumous Recognition

In accordance with the [Awarding a Posthumous Degree](#) policy, this form will verify the information necessary to award a Posthumous Degree or Certificate of Achievement. Signatures may be submitted via NAU emails.

Office of the Dean of Students

Name (First, Last): _____ EMPL ID: _____

Date of Death: _____

Date of Birth: _____

Next of Kin (First, Last): _____

Preferred Name (First, Last): _____

Preferred Address: _____

Preferred delivery method: _____

Good Disciplinary Standing:

Yes

No

Office of the Registrar

Academic Standing: _____

Program/Plan/Field of Study: _____

Dean of the Program/Plan/Field of Study

Please share relevant points of pride about the deceased (you may also submit an attachment):
