



Application for Degree

DATE _____

Name _____
(PRINT EXACTLY AS IT IS TO APPEAR ON DIPLOMA STARTING WITH FIRST NAME)

Mailing Address _____
STREET CITY STATE ZIP CODE
(WHERE DIPLOMA SHOULD BE MAILED AFTER COMMENCEMENT)

Student Number _____
(SOCIAL SECURITY NUMBER)

SCHOOL ENROLLED

COLLEGE OF ARTS & SCIENCES

CHARLES F. DOLAN SCHOOL OF BUSINESS

SCHOOL OF NURSING

UNIVERSITY COLLEGE

GRAD SCHOOL OF EDUCATION
AND ALLIED PROFESSIONS

SCHOOL OF ENGINEERING

PLANNED DATE OF GRADUATION

JANUARY MAY AUGUST YEAR

CAP AND GOWN

IF YOU WILL BE ATTENDING THE GRADUATION CEREMONY, PLEASE FILL OUT BELOW:

HEIGHT: _____ FEET _____ INCHES

DEGREE SOUGHT

MAJOR _____

ASSOCIATE IN ARTS

ASSOCIATE IN SCIENCE

BACHELOR OF ARTS

BACHELOR OF SCIENCE

BACHELOR OF SCIENCE IN ENGINEERING

MASTER OF ARTS

MASTER OF SCIENCE

MASTER OF SCIENCE IN NURSING

MASTER OF BUSINESS ADMINISTRATION

CERTIFICATE OF ADVANCED STUDY

IF YOU ARE A C.A.S. CANDIDATE, PLEASE INDICATE:
HIGHEST DEGREE _____
AWARDED FROM _____
(Address) (University)

RETURN OF THIS FORM

FULL-TIME UNDERGRADUATES: Return this form immediately to University Registrar CNS 200.

ALL PART-TIME UNDERGRADUATE AND GRADUATE STUDENTS: Return this form immediately to your Dean's Office along with the \$150.00 Commencement Fee.

FEE PAID