

GRADUATION APPLICATION

Registrar's Office • 735 Anderson Hill Road, Purchase, NY 10577 • Tel: (914)251-6361 • Fax: (914)251-6373

INSTRUCTIONS

1. Review your Degree Progress Report with your Academic Advisor
2. Have your Advisor submit all course or requirement waivers or substitutions
3. Complete this Graduation Application **or** Apply to Graduate on MyHeliotrope **one year** prior to your date of graduation

Name: _____ PID: _____

I have reviewed my degree progress report with my advisor and have determined that upon successful completion of my coursework for the

Fall 20__

Spring 20__

Summer 20__

semester, I will have met all requirements for the

BA

BFA

MA

MM

Artist's Diploma

BS

BM

MFA

Performer's Certificate

degree in _____

If double major, indicate here: _____

Indicate any minors here: _____

If your name is commonly mispronounced, please provide a phonetic spelling:

Please include my middle name on my diploma: _____

Please mail my diploma to: _____

I understand that I am responsible for making any changes to this information prior to my date of graduation and that if I have not provided sufficient information, my diploma will be printed with only my first and last name and mailed to my permanent address on file.

Student's signature: _____ Date: _____

For Office Use Only:

Rec'd: _____ By: _____

Entered: _____ By: _____