PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK

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: | me: 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 | □ ММ | ☐ 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: |