

GRADUATION APPLICATION

Last Name _____ First Name _____ Middle Initial _____ ID Number _____

Graduation Year _____ Graduation Month: May August December January

Check the appropriate degree:
 Doctoral
 Graduate
 Undergraduate
 Certificate

Enter the information that applies to the degree:
Major _____
2nd Major _____
Spec/Track/Cluster/Concentration _____
Minor _____

Will you be attending the May commencement ceremony? Yes No
Will you be attending the doctoral hooding ceremony? Yes No

Please print clearly how you would like your name to appear on your diploma:

(This must be your legal name. Contact the Office of the University Registrar with appropriate documentation if this varies from the name that appears on your Adelphi student record.)

Mail my diploma to the home address on my official Adelphi student record.
 Mail my diploma to the address below:

_____ Check here to make this the permanent home address on your Adelphi student record.

Be sure to check your degree audit to ensure that you have met all degree requirements.

Signature _____ Date _____