

GRADUATION APPLICATION

Last Name	First Name	Middle Initial		ID Number	
Graduation Year	Graduation Month:	MayAu	ugust	_December	January
Check the appropriate degree:	Enter the information that applies	to the degree:			
Doctoral	Major				
Graduate	2 nd Major				
Undergraduate	Spec/Track/Cluster/Concentration				
Certificate	Minor				
	name. Contact the One-Sto es from the name that appe				oriate
Mail my diploma to	the home address on my of	ficial Adelphi st	udent reco	ord.	
Mail my diploma to	the address below:				
				_Check here to m permanent home your Adelphi stu	e address on
Be sure to check your de	egree audit to ensure that	you have me	t all degre	e requireme	ents.
Signature			Date	<u> </u>	