



GRADUATION APPLICATION

Last Name	First Name	Middle Initial	ID Number
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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
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