

**APPLICATION FOR GRADUATION**  
**Office of Registration and Records**  
**The College at Brockport**

BANNER ID: \_\_\_\_\_

Date Filed: \_\_\_\_\_

- PLEASE INDICATE YOUR NAME EXACTLY AS IT SHOULD APPEAR ON THE DIPLOMA AND IN THE COMMENCEMENT PROGRAM:

\_\_\_\_\_  
 First Middle name or Initial Last

- ADDRESS WHERE YOU WISH YOUR DIPLOMA TO BE MAILED (must be good for six months after effective graduation date)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- LOCAL ADDRESS

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number home \_\_\_\_\_ cell \_\_\_\_\_

- WHEN WILL ALL YOUR DEGREE REQUIREMENTS BE COMPLETED? (including student teaching, internships, projects, etc.)  
 Please note that if you will be taking courses over the summer, you may walk in the May ceremony, but your graduation date must be August.

(please choose)      JAN                  MAY                  AUG                  DEC                  YEAR \_\_\_\_\_

**Please complete the questions below:**

Do you plan to walk in the May Commencement ceremony?                  yes      no

Are you in an approved 2<sup>nd</sup> undergraduate degree program?                  yes      no

Are you taking a course at another school in your last semester to be transferred back to complete your Brockport degree?                  yes      no

If so, from where? \_\_\_\_\_

Are you waiting for a substitution/waiver form from your advisor or department to be submitted to the Registrar?                  yes      no

Do you have any Incomplete, PR or OAP grades that must be finalized prior to graduation?                  yes      no

Will you be taking courses at Brockport after the May Commencement ceremony?                  yes      no

<b>UNDERGRADUATE</b> degree: (please choose)	BA	BS	BFA	BSN	
1 <sup>st</sup> MAJOR		1 <sup>st</sup> minor			
Track/Conc/Emphasis		2 <sup>nd</sup> minor:			
2 <sup>nd</sup> MAJOR					
Track/Conc/Emphasis:			Are you in the Delta College?	yes	no

<b>GRADUATE</b> degree: (please choose)	MA	MFA	MS	MPA	MSW	MS in Ed	CAS	CERTIFICATE PROGRAM
ACADEMIC DEPARTMENT:	Area/Concentration:							
Graduate Coordinator Program Completion Signature: _____							Date: ____/____/____	

I understand that applications submitted after April 15<sup>th</sup> may mean that my name MAY NOT appear in the Commencement Program.

FOR OFFICE USE ONLY:      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      Date diploma mailed:

Date reviewed      Reviewer      Status      Honors