



Student I.D. Number grid

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Student Level: Graduate Undergraduate

Student Name: (Exactly as you would like it to appear on your diploma. Please print legibly)

First

Middle

Last

Mailing Address: (This is where your diploma will be mailed 6-8 weeks after grades have been posted)

Street Address & Apartment Number or P.O. Box

City

State

Zip

Degree Expected: BS BA BFA MA MS MS Ed MST CAS

Degree Completion Date: Summer Fall Spring Year:

Will you participate in the Commencement Ceremony? Yes No

First Major: Concentration:

Second Major: Concentration:

First Minor: Second Minor:

\*Please Note: Dual Majors will receive ONLY ONE degree.

Education Majors: Are you applying for Teacher Certification? Yes No

If yes, are you applying for: Initial Certification Professional Certification

Will you complete your degree requirements at another institution? Yes No

If yes, where will you complete your coursework?

It is your responsibility to obtain prior approval from Academic Advisement and to have a final transcript sent to the Registrar's Office.

Return Application to: Application Fee: \$5.00 Degree Clearance, SUNY Oneonta 130 Netzer Administration Building Oneonta, NY 13820 Fax Option: (607) 436-2164 Email Option: Graduation@oneonta.edu

Student Signature: Date:

(Your signature indicates permission to charge the \$5.00 fee to your student bill)

Office Use Only Precheck # Date Received: Payment Processed Initials:

TEACH Release: EDUC 213: DASA: Thesis Title Entered:

Child Abuse Recognition Workshop: Violence Prevention Seminar:

Tentative Clearance: Tentative Problem: Final Clearance: Denial:

Dept. Honors: College Honors: Honors Med Mail: Hold/Letter:

Comments:

Initials: