## LONG ISLAND UNIVERSITY - BROOKLYN CAMPUS - OFFICE OF THE REGISTRAR APPLICATION FOR DEGREE

	NUMBER AND STRE	CITY		STA	ATE	ZIP CODE		
	. BE <u>MAILED</u> APPROXIMATE LD BE MAILED:	LY TWELVE WEE	KS AFTER THE GRADUAT	ION DATE. INDIC	ATE BELOW ANY ADDRESS	OTHER THAN THAT AB	OVE TO WHICH YOU	
SIGNATURE			DATE					
	MAJOR FIELD OF STUDY		AREA OF CONCENTRATION					
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HECK DEC	GREE EXPECTED:							
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	NUMBER AND STRE	ET	CITY		STA	ATE	ZIP CODE	
	TIRST IVAIVIE		MIDDLE NAME		LAST NAME			
	FIRST NAME			N. F. NIABAF		T 110105		
RINT YOUR NA	ME AS YOU WISH IT TO APP	EAR ON YOUR D	IPLOMA: (YOUR NAME <u>M</u> I	<u>UST</u> CORRESPONI	O WITH YOUR NAME ON O	UR RECORDS)		
HAVE YOU PREVIOUSLY APPLIED FOR THIS DEGREE?			NO		YES IF YES, IN		DICATE DATE	
FILL IN EXPECTED DATE OF GRADUATION:					JANUARY 20			