



APPLICATION FOR DEGREE

OFFICE OF THE REGISTRAR • LIU POST • 720 NORTHERN BLVD., BROOKVILLE, N.Y. 11548
(516) 299-2588 • WWW.LIU.EDU/POST/REGISTRAR

FILL IN EXPECTED DATE OF GRADUATION: September 20 _____ January 20 _____ May 20 _____

Have you previously applied for the Degree? No Yes If Yes, Indicate Date _____

Campus (Check your campus): LIU Post LIU Brentwood LIU Riverhead

CHECK DEGREE(S) EXPECTED: (If you are in an accelerated program or receiving dual degrees please check both degrees.)

- | | | | | | |
|-------------------------------|---|----------------------------------|---------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> A.A. | <input type="checkbox"/> B.A. | <input type="checkbox"/> B.F.A. | <input type="checkbox"/> B.M. | <input type="checkbox"/> B.S. | <input type="checkbox"/> M.S.ED. |
| <input type="checkbox"/> M.A. | <input type="checkbox"/> M.F.A. | <input type="checkbox"/> M.B.A. | <input type="checkbox"/> M.P.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> M.S.W |
| <input type="checkbox"/> CAS | <input type="checkbox"/> CAS/PROFESSIONAL DIPLOMA | <input type="checkbox"/> PSY. D. | <input type="checkbox"/> PH.D. | <input type="checkbox"/> Ed.D. | |

MAJOR _____ AREA CONCENTRATION _____

***PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA:**(Your name MUST correspond with your name on your records.) Use upper and lowercase letters.

LAST NAME _____ MIDDLE NAME _____ FIRST NAME _____

STUDENT ID _____ (_____) HOME TELEPHONE _____ (_____) DAYTIME TELEPHONE _____

E-MAIL ADDRESS _____

SIGNATURE DATE _____ DATE _____

Diplomas will be mailed approximately six to eight weeks after the graduation date to your address on our academic records. Your diploma will be sent certified U.S. Mail. Someone must be available to sign for your delivery. Indicate below any address other than that indicated on our records to which your diploma should be mailed:

NUMBER AND STREET _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

Please check here if you prefer to **Pick-up** your diploma.

Your diploma will be held at the office of the Registrar for only four weeks. Note: After that period it will be mailed to your address on our records

*Explain change of name and notary required

For Office Use Only
Date processed to PEOPLE SOFT:

NOTE: If you fail to complete your program requirements by your anticipated graduation date, you must submit a new degree application for your next anticipated graduation date.