C.W. POST CAMPUS

APPLICATION FOR DEGREE

OFFICE OF THE REGISTRAR • C.W. POST CAMPUS • LONG ISLAND UNIVERSITY
720 NORTHERN BLVD., BROOKVILLE. NY 11548 • (516) 299-2588 • WWW.LIU.EDU/CWPOST/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): ❑ C.W. Post ❑ Brentwood ❑ Rockland ❑ West Point ❑ Riverhead

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

❑ A.A. ❑ B.A. ❑ B.F.A. ❑ B.M. ❑ B.S. ❑ B.S.ED.
❑ M.A. ❑ M.F.A. ❑ M.B.A ❑ M.P.A. ❑ M.S. ❑ M.S.ED. ❑ M.S.W
❑ CAS ❑ CAS/PROFESSIONAL DIPLOMA ❑ PSY. D. ❑ PH.D.
❑ 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.