

APPLICATION FOR DEGREE

OFFICE OF THE REGISTRAR • LONG ISLAND UNIVERISTY
REGISTRAR@LIU.EDU

I. FILL IN EXPECTED DATE OF GRADUATION: August 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 Brooklyn LIU Riverhead LIU Hudson

II. CHECK DEGREE(S) EXPECTED: (If you are in a dual degree program, please check both degrees.)

- | | | | | | |
|--------------------------------------|-----------------------------------|----------------------------------|----------------------------------|--|-------------------------------|
| <input type="checkbox"/> A.A./A.A.S. | <input type="checkbox"/> B.A. | <input type="checkbox"/> B.B.A. | <input type="checkbox"/> B.F.A. | <input type="checkbox"/> B.M. | <input type="checkbox"/> B.S. |
| <input type="checkbox"/> M.A. | <input type="checkbox"/> M.F.A. | <input type="checkbox"/> M.B.A. | <input type="checkbox"/> M.Phil. | <input type="checkbox"/> M.H.A. | |
| <input type="checkbox"/> M.P.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> M.S.Ed. | <input type="checkbox"/> M.S.W | <input type="checkbox"/> Adv Certificate | |
| <input type="checkbox"/> D.P.T. | <input type="checkbox"/> Pharm.D. | <input type="checkbox"/> PSY. D | <input type="checkbox"/> PH.D. | <input type="checkbox"/> Ed.D. | |

MAJOR_____ AREA CONCENTRATION (if applicable):_____

III. *PRINT YOUR NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA: (Your name MUST correspond with the name on your LIU records with the exception of the addition/removal of a middle name or initial.)

LAST NAME _____ MIDDLE NAME _____ FIRST NAME _____

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

E-MAIL ADDRESS _____

SIGNATURE _____ DATE _____

IV. MAILING ADDRESS: Diplomas will be mailed approximately 3 - 4 weeks after the graduation date to the preferred (or permanent) address on record at LIU. *Indicate below if your diploma should be mailed to an alternate address:*

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 Enrollment Services for four weeks. After that period it will be mailed to the preferred (or permanent) address on record at LIU.

***Name Changes: Students wishing to update the Primary Name listed on LIU records must submit a name change request along with supporting documentation. This form can be found on the Enrollment Services website or can be requested at registrar@liu.edu.**

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.

For Office Use Only
Date processed to PEOPLE SOFT: _____