DIPLOMA APPLICATION

State University of New York College at Plattsburgh

Please complete and forward to the Registrar's Office, 3rd Fl., Kehoe Administration Building
Mailing Address: SUNY Plattsburgh, Registrar's Office, 101 Broad Street, Plattsburgh, NY 12901
Telephone: 518-564-2100, Fax: 518-564-4900, Email: registrar@plattsburgh.edu

Name: _____ Student ID: _____
Print your name exactly as you wish it to appear on the diploma.

Permanent Mailing Address

Street: _____

City: _____ State _____ Zip Code_____

Hometown (if different from mailing address): _____

Date Application Submitted: _____

Degree:

( )	Bachelor of Arts	( )	Master of Arts
( )	Bachelor of Fine Arts	( )	Master of Science
( )	Bachelor of Science	( )	Master of Science in Education
( )	Bachelor of Science in Education	( )	Master of Science for Teachers
		( )	CAS

Curriculum Information

Major(s): _____

Minor(s): _____

Graduation Date (circle one) DEC MAY AUG Year:_____

BACHELOR'S DEGREE REQUIREMENT CHECKLIST

Do You Have:
_____Required number of degree credit hours
_____Required General Education courses
_____Required grade of C (2.00) or better in ENG 101
_____Required overall GPA and major GPA
_____Required department and cognate courses in your major
_____Required number of residency degree credit hours
_____Required number of liberal arts credits (60 for BS/BSEd; 90 for BA/BFA)

ATTENTION MASTER'S AND CAS DEGREE CANDIDATES

Your graduate advisor must verify you completed your thesis and/or are within six non-thesis credits of completing your program by the winter/summer session following your requested commencement ceremony date. Meet with your advisor to initiate the *Graduation Checklist*. The completed *Graduation Checklist* must be approved by your academic advisor, chairperson, and dean and forwarded to the Registrar's Office.

Graduate Student Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Note: Diplomas are mailed to students approximately three months after degree conferral.
VPAA 8/05