STONY BROOK
STATE UNIVERSITY OF NEW YORK

UNDERGRADUATE GRADUATION APPLICATION

NOT FOR HSC UNDERGRADUATES

Date: _____

☐ **Mr.** ☐ **Ms.** _____ **Stony Brook ID#:** _____
(Enter Name under which your university records are maintained)

Degree Expected *(Circle One)*: BA BS BE

Declared Major(s) *(Maximum of 2)*: _____ _____

Declared Minor(s) if any *(Maximum of 3)*: _____ _____ _____

Majors/minors must correspond to those declared on your academic record. Otherwise your application will not be processed.

Are you applying for secondary teaching certification? ☐ Yes ☐ No

Expected Graduation Date *(check one below)*:

☐ **December (Fall) 20_____** ☐ **May (Spring) 20 _____**
☐ **January (Winter) 20_____** ☐ **August (Summer) 20 _____**

DIPLOMA NAME: Print your name as you wish it to appear on your diploma (use upper/lower case). If diploma name does not correspond to the name on your university record, contact the Registrar's Office for instructions on how to change your name.

FIRST AND MIDDLE NAME (maximum of 25 letters and spaces)

LAST NAME (maximum of 20 letters and spaces)

Mail diploma to the following address: _____

_____

_____

_____

If this is a change of permanent address, indicate effective date of change: _____

After graduation, I can be reached at: _____ _____
Phone Number Email Address

Student Signature _____ Date: _____

Mail To: Stony Brook University, Office of the Registrar, Stony Brook Union, Suite 206
Stony Brook, NY 11794-3221
Fax To: 631-982-7320