



Office of the Registrar - Application for Degree
121 Speonk Riverhead Road LIU Bldg, Riverhead, NY 11901
Fax: (631) 287-8253

FILL IN EXPECTED DATE OF GRADUATION: Sept 20_____ Jan 20 _____ May 20_____

Have you previously applied for this Degree? No _____ Yes_____ If Yes, Indicate Date_____

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. IN ED. _____ M.A. _____ M.F.A. _____ M.B.A. _____ M.P.A. _____
 M.S. _____ M.S. IN ED. _____ CAS _____ CAS/PROFESSIONAL DIPLOMA _____
 PSY. D. _____ PH.D. _____

MAJOR _____ AREA OF CONCENTRATION _____

PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA:

(Your name MUST correspond with your name on our records.) Use upper and lowercase letters.

FIRST NAME	MIDDLE NAME	LAST NAME
- - - - -	()	()
SOCIAL SECURITY #	HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
E-MAIL ADDRESS _____		
SIGNATURE		/ /
		DATE

Diplomas will be mailed approximately six to eight weeks after the graduation date to your address on our academic records. 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 Registrar's Office for only four weeks. Note: After that period it will be mailed to your address on our records.

For Office Use Only:
 Date processed to CWP: _____ List # (01, 02, 03...)