Long Island University - C. W. Post Campus - Office of the Registrar
Application for Degree
Office of Academic Records, LIU/C.W. Post Campus, 720 Northern Blvd., Brookville, NY 11548

FILL IN EXPECTED DATE OF GRADUATION : September 20_____ January 20 _____ May 20_____

Have You previously applied for this Degree? No ☐ Yes ☐ If Yes, Indicate Date_____

Campus (Check your campus): ☐ Post ☐ Brentwood ☐ Rockland ☐ West Point

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 CSTU:
_____
List # (01, 02, 03….)
_____