

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 _____ December 20 _____ May 20 _____

Have You previously applied for this Degree? No _____ Yes _____

If Yes, Indicate Date _____

Campus (Check your campus): Post _____ Brentwood _____ Southampton _____

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...)