Office of the Registar APPLICATION FOR DEGREE Daemen College

APPLICATION FOR DEGREE

PLEASE TYPE OR NEATLY PRINT ALL INFORMATION. Applications will not be processed without the student's signature and date of signature ind
Applications may be faxed (716-839-8343), mailed (Registrar's Office, Daemen College, 4380 Main St, Amherst, NY 14226), or delivered to the Regi Office (Duns Scotus #120). Once your application is filed, access our web page, http://www.daemen.edu/academics/registrar click on Graduation Info, for further information on graduation.

DEGREE: Check one: OCTORATE AND MASTER

MAJOR/PROGRAM: ____

Campus Location (Check One): Campus

I WILL COMPLETE ALL REQUIREMENTS (INCLUDING STUDENT TEACHING AND ALL CLINICAL EXPERIENCES REQUIRED OF THE PROGRAM), AND ALL DOCUMENTATION WILL BE ON FILE AT THE CONCLUSION OF (check one AND indicate year):

January ______ For Students Completing requirements from October 1st through January 15th
(Year)

May ______ For Students Completing requirements from January 16th through May 31st
(Year)

September______ For Students Completing requirements from June 1st through September 30th
(Year)

MY NAME AS IT SHOULD APPEAR ON THE DIPLOMA: Print one letter in each space. Leave a space blank if a space is required. All letters will capitalized unless otherwise indicated. If you wish to have your name listed differently than that which appears on your academic record, you must appe copy of the legal document which verifies the name change, i.e., marriage certificate, divorce decree, legal change of name, etc. If your name is legally to be changed after this form is filed, at your request, your diploma will not be printed until the legal documentation is submitted to the Office of the Registrar.

_____/_____/_____/____/_____/_____/__
(STUDENT ID NUMBER)

_____/_____/_____/ -_____/_____/- _____/_____/____/_____/
SOCIAL SECURITY # (Only if Student ID Number not given)

_____/_____/_____/____/_____/_____/____/_____/_____/____/____/_____/____/_____/_____/_____/____
(FIRST NAME)

_____/_____/_____/____/_____/_____/____/_____/_____/____/____/_____/____/_____/_____
(MIDDLE OR MAIDEN NAME)

_____/_____/_____/____/_____/_____/____/_____/_____/____/____/_____/____/_____/_____
(LAST NAME)

ADDRESS TO WHICH YOUR DIPLOMA SHOULD BE MAILED: (Diplomas will be ready to be picked up in Registrar's Office (l)-6.4 (s)-1.011 (l)-1.7.N4 (s)-1.