

Please complete this form and return it to the Registrar's Office via your SUNY ORANGE email to registrar@sunyorange.edu

Name:		Student ID: A			
Last	First				
Term/Year you expect to complete require	ements for Graduation:	May	August	Decembe	r Year:
Degree Program:					_
Dual Degree? (If Yes and you are completing two degrees in the <u>san</u> fee for <u>each</u> degree.)	<u>me semester</u> you must complet	te two separa	ate graduati	on application	s and pay the application
Second Degree (if applicable): (Circle YES <u>ONLY</u> if you have <u>previously</u> received a de	egree from SUNY Orange)				
Do you plan to transfer additional credits to complete your degree?	from another college that	t has not a	Iready be	en received	by SUNY Orange to
If yes, from which college(s) : *Please note you must file a <u>"Permission to Atte</u>	end Another Institution" form w	ith the Regis	trar's Office	to be approve	ed for transfer credit.
	DIPLOMA INFORMA	TION			
<u>CLEARLY PRINT YOUR NAME EX</u>	ACTLY AS YOU WISH				
First Name	Middle Name or Initial (optional)			Last Name	
YOUR DIPLOMA WILL BE DEL	(optional) IVERED TO THE MAIL		RESS YO	<u>U PROVIE</u>	
	(optional) IVERED TO THE MAIL	ce of any cha	RESS YO	<u>U PROVIE</u>	
YOUR DIPLOMA WILL BE DEL	(optional) IVERED TO THE MAIL must notify the Registrar's Offic application <u>registrar@sunyor</u>	ce of any cha ange.edu)	RESS YO nges to your	U PROVIE mailing addro	ess after you submit your
YOUR DIPLOMA WILL BE DEL (To ensure you receive your diploma/certificate you	(optional) IVERED TO THE MAIL must notify the Registrar's Offic application <u>registrar@sunyor</u> City:	ce of any cha ange.edu)	RESS YO nges to your Stat	UPROVIE mailing addra	ess after you submit your
YOUR DIPLOMA WILL BE DEL (To ensure you receive your diploma/certificate you Check if New Address Address:	(optional) IVERED TO THE MAIL must notify the Registrar's Offic application <u>registrar@sunyor</u> City:	ce of any cha ange.edu)	RESS YO nges to your Stat	UPROVIE mailing addra	ess after you submit your
YOUR DIPLOMA WILL BE DEL (To ensure you receive your diploma/certificate you Check if New Address Address: Home Telephone:	(optional) IVERED TO THE MAIL must notify the Registrar's Offic application registrar@sunyon City: Cell Phone: Cel	uation requ f the Registi ster indicate tion to be us uation date and for an A 2.0 grade p	RESS YO nges to your Stat Email: irements o rar ed that I m sed for grad a.A.S. degre oint averag	U PROVIE mailing addre e:Z f my program ust re-apply duation purp ee a 2.0 in ma ge	ess after you submit your IP Code: @sunyorange.edu In and that final for graduation loses must be ajor courses (either
YOUR DIPLOMA WILL BE DEL (To ensure you receive your diploma/certificate you Check if New Address Address: Home Telephone: I understand that: I am fully responsible for being familiar certification requires a graduation aud That if I do not meet the requirements That an official transcript including any submitted to the Registrar's Office at le That an overall 2.0 grade point average cumulative or in each course) is require I must settle all financial obligations to	(optional) IVERED TO THE MAIL must notify the Registrar's Offic application registrar@sunyor City: Cell Phone: C	te of any char ange.edu) uation requ f the Registr ster indicate tion to be us uation date and for an A 2.0 grade p student rec	RESS YO nges to your Stat Email: irements o rar ed that I mi sed for grad sed for grad	U PROVIE mailing addre re:Z f my program ust re-apply duation purp te a 2.0 in ma ge before a dipl	ess after you submit your IP Code: @sunyorange.edu In and that final for graduation loses must be ajor courses (either