HEALTH SCIENCES CENTER
APPLICATION FOR GRADUATION

For use if you are not able to apply for graduation through the SOLAR system.

Name: _____ **Stony Brook ID#** _____

(Enter Name under which your university records are maintained)

Degree Expected (*Circle One*):   BS   MS   MSW   DNP   DPT   MPH   MD   DDS   CERT

Declared Major(s) (*Maximum of 2*):   _____   _____

Declared Minor(s) if any (*Maximum of 3*):   _____   _____   _____

Majors/minors must correspond to those declared on your academic record. Otherwise your application will not be processed.

Expected Graduation Date (*check/circle one below*):

❑ **December (Fall)   20_____**   ❑ **May / June (Spring)   20_____**
❑ **January (Winter)   20_____**   ❑ **July / August (Summer)   20_____**

Expected Graduation Date for Stony Brook Non Credit Career Programs, only (*check/circle one below*):

❑ **April (Spring)   20_____**   *Polysomnographic Technology*
❑ **May (Spring)   20_____**   *Medical Dosimetry*
❑ **June (Summer)   20_____**   *Radiologic Tech; Nuclear Medicine; EMT Paramedic; Dietetic Internship; and
                              Anesthesia Technology*

Diploma Name: Print your name as you wish it to appear on your diploma (use upper/lower case). If the diploma name does not correspond to the name on your university record, visit the HSC-Office of Student Services' webpage at http://www.stonybrook.edu/hscstudents/records for instructions on how to change your name.

NAME AND MIDDLE NAME (maximum of 25 letters and spaces)

LAST NAME   (maximum of 20 letters and spaces)

Mail diploma to the following address: _____

_____

If this is a change of permanent address, indicate effective date of change: _____

After graduation, I can be reached at: _____   _____
                                          Phone Number   **Email Address**

Student Signature: _____   **Date:** _____

**Mail To: Stony Brook University; Health Sciences Center; 2L – 271; Office of Student Services; Stony Brook, NY   11794-8276
Fax To : 631-444-6035**