

STATE UNIVERSITY COLLEGE OF ARTS AND SCIENCE
Geneseo, New York

DIPLOMA APPLICATION FOR MASTER'S DEGREE

Date Filed _____

ID# _____/_____/_____

Diplomas are awarded by the State University Trustees on the basis of recommendation of the college faculty and the College Council and upon successful completion of program. Candidates for degrees are requested to provide the following data:

PRINT NAME AS IT IS TO APPEAR ON DIPLOMA AND IN COMMENCEMENT PROGRAM:
(No nicknames)

(FIRST) (MIDDLE OR MAIDEN) (LAST)

DATE EXPECTED TO COMPLETE DEGREE REQUIREMENTS: **MAY / AUG / DEC** _____
Circle One (Year)

DO YOU PLAN TO PARTICIPATE IN COMMENCEMENT EXERCISES? _____ If yes, note year: May _____

PLEASE CHECK PROGRAM FOLLOWED IN YOUR WORK FOR THE MASTER'S DEGREE:

Master of Science in Education*

- | | |
|---|--|
| _____ Early Childhood Education B-2 | _____ Master of Science in Accounting |
| _____ Reading and Literacy B-6 | _____ Master of Arts Speech Pathology* |
| _____ Reading and Literacy 5-12 | |
| _____ Reading and Literacy B-12 | |
| _____ Childhood Multicultural Education 1-6 | |
| _____ Secondary Education 7-12 _____ | |

(Indicate area)

PLEASE INDICATE ADDRESS FOR DIPLOMA TO BE SENT: (Allow at least ten weeks after semester's end for delivery.)

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____

* **IMPORTANT:** If completing a certification program, student must complete NYSED online application.
Instructions: <http://dean.geneseo.edu>

RETURN THIS FORM TO THE GRADUATE OFFICE IN ERWIN 106

Office Use ONLY:		
STDN _____	Exit Exam: _____ Date: _____	Request Received: _____
DEGR _____ GP	GPA (overall) _____	Degree Complete: _____
DEGR _____ GA	GPA (secondary) _____	Dipl Mailed: _____