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)

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<th>(MIDDLE OR MAIDEN)</th>
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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
  - _____ Reading and Literacy B-6
  - _____ Reading and Literacy 5-12
  - _____ Reading and Literacy B-12
  - _____ Childhood Multicultural Education 1-6
  - _____ Secondary Education 7-12

- Master of Science in Accounting
- Master of Arts Speech Pathology*

(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 |
| DEGR _____ GP | GPA (overall) ______ | Degree |
| DEGR _____ GA | GPA (secondary) ______ | Complete |
|              |                                   | Dipl Mailed: ______ |

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