

Alfred University

APPLICATION FOR GRADUATION

This application must be submitted *at least 60 days* prior to the Degree Conferral Date. Only students who apply will be considered candidates for graduation.

Alfred University confers degrees three times each year: August, December, and May. The final date for completion of all degree requirements is as follows:

- August Degree Conferral August 31
- December Degree Conferral December 31
- May Degree Conferral The day before May Commencement

I. Name: _____ **ID No.:** _____

NOTE: Your first, middle and last name will appear on your diploma as recorded on your official academic record.

We want to pronounce your name correctly at graduation. Please write out your full name phonetically:

(First Name) (Middle Name) (Last Name)

II. Expected Graduation Date:

August and December Graduates:
Address for Mailing Diploma (if different from permanent mailing address):

August _____ (indicate year) _____

December _____ (indicate year) _____

May _____ (indicate year) _____

You must notify the Student Service Center immediately of any change in expected graduation date.

Would you like more information on keeping your Alfred.edu email address? Yes No

III. Attendance at the May Graduation Ceremony on-Campus in Alfred:

Along with May graduates, August and December graduates from the previous year are invited and encouraged to participate in the May graduation ceremony. Please indicate your attendance plans:

- I will attend on-campus graduation in May _____ (indicate year)
- I will **not** attend graduation

You must notify the Student Service Center immediately of any change in attendance plans.

NOTE: Students may participate in graduation only once in connection with the conferral of any one degree or double-degrees.

IV. Academic Program Information:

College: _____ Major(s): _____

Degree: Bachelors: BA BS BFA Minor(s): _____

Double Bachelors Degree Program: (Indicate second degree and major)

Degree: _____ Major: _____

Masters: MA MS MFA MBA MPS MS&ED

Certificate of Advanced Study: Counseling School Psychology

Doctorate: PhD PsyD

Signature: _____ Date: _____