The College of Saint Rose

Application for the Bachelor's Degree

Name			Student ID#	
Name				
(As you wou	ld like i	t to appear on your diploma - This is	s also the name that will be	e announced at the ceremony)
If the name you	request	on your diploma is different than y change before your diploma will be	our student record name,	
Address				
Phone ()_			_	
Please note: Que	stions o	r concerns regarding this applicatio	n will be sent to your Sain	t Rose e-mail account.
Degree:	()	Bachelor of Arts Bachelor of Science Bachelor of Fine Arts Other (BA/MA, BS/MBA, B	3S/MS) circle one	
Major Field_				
Minor Field_				
Indicate Advis	sor's N	Jame		
Anticipated Date of Degree Completion:			August	20
			December	20
			May	20
Student Signature			Date	

This form should be submitted as early as possible, preferably before the start of the last semester of the program from which you are applying to graduate. This form is due no later than mid-March if you wish your name to be in the May Commencement program.

For information about NYS certification: http://www.strose.edu/Student Solution Center/teacher certification.asp.