Stony Brook University | Health Sciences Office of Student Services

HEALTH SCIENCES APPLICATION FOR GRADUATION

This form is for Health Sciences students who have **MISSED THE DEADLINE** to apply for Graduation via **SOLAR**.

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 and enter the year*):

☐ **December** **Fall** **20_____** ☐ **May/June** **Spring** **20_____**

☐ **January** **Winter** **20_____** ☐ **June** **(Dental Post-Doc & Certificate Programs ending in June)** **July / August** **Summer** **20_____**

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, complete a name change form located at stonybrook.edu/registrar/forms.shtml. The name change form MUST be submitted to Health Sciences Office of Student Services to change your primary name.

FIRST 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***If your diploma mailing address is no longer valid after graduation please contact Health Sciences Office of Student Services to update your diploma mailing address, or leave a forwarding address with your local post office.**

After graduation, I can be reached at: _____ _____

Phone Number **Email Address**

Student Signature: _____ **Date:** _____

Return to: Office of Student Services, Health Sciences Tower L2-271, Stony Brook, NY 11794-8276
Tel: 631.444.2111 or Fax: 631.444.6035
hscstudentservices@stonybrook.edu

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