

SIENA COLLEGE DEGREE / CERTIFICATE APPLICATION

This form will be used to order your diploma. You are responsible for PRINTING YOUR NAME EXACTLY AS DESIRED ON YOUR DIPLOMA.

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FIRST NAME

MIDDLE NAME

LAST NAME

Please provide a phonetic spelling of your last name (and first name) to aid in the correct pronunciation at graduation: _____

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Student Identification Number

MONTH/YEAR OF DEGREE:

	August 20__
	January 20__
	May 20__

SCHOOL OF:

	Liberal Arts
	Business
	Sciences

Gender: M__ F__

Anticipated

Degree:

MAJOR:

MINOR:

CERTIFICATE INFORMATION:

	B.A. _____	_____	_____
	B.S. _____	_____	_____
	B.B.A. _____	_____	_____
	M.S. _____	_____	_____

Permanent Address: _____

Street

City/State

Zip

County

Local Address: _____

Street or Dormitory Box No.

City/State

Zip

Permanent Phone No: __ (____) _____ **Local/Work Phone No:** __ (____) _____

If last term is to be taken off the Siena Campus, indicate the name of the institution:

If you do NOT wish to have your graduation information listed in your local newspaper, please check the box

NOTE: I understand that my name will *not* appear in the Commencement Program or any external document according to FERPA regulations if I have a *Confidentiality Flag* on my record. My initials here give the Registrar permission to remove the *Confidentiality Flag* from my record.

IF YOU DO NOT GRADUATE THIS TERM, YOU MUST COMPLETE ANOTHER APPLICATION

<p>This section for Registrar's Office use only: Cum Laude _____ Magna Cum Laude _____ Summa Cum Laude _____</p>

Signature of Student