Office Use
Date Received: _____
☐ Check _____
☐ Money Order _____
☐ Dragon Dollars Int. _____

Graduate Diploma Application

Application Fee: $5.00

Payable by: Check, Money Order, or Dragon Dollars
ONLY Payable to: SUNY Oneonta

Return Application and Fee to:
SUNY Oneonta
130 Netzer Administration Building
Oneonta, NY 13820

A | | | | | | | | | or | | | | | | | | | | ( ) -

Student I.D. Number | Student Social Security Number | Student Cell Phone Number

Student Name: **EXACTLY** as you would like it to appear on your diploma. ***Print Legibly***

_____ _____ _____
First *Middle* *Last*

Mailing Address: This is where your diploma will be mailed **6–8 weeks** after graduation.

_____
Street Address & Apartment Number or P.O. Box

_____ _____ _____
City *State* *Zip Code*

Is this your hometown? ☐Yes ☐No If no, what is it? _____ _____
Hometown *State*

( ) - _____ ( ) - _____ _____
Permanent Phone Number | Local Phone Number | Maiden Name

Is the address above your local address? ☐Yes ☐No If no, please enter it below.

_____
Street Address & Apartment Number or P.O. Box

_____ _____ _____
City *State* *Zip Code*

Office Use

Child Abuse Recognition Workshop

Violence Prevention Seminar

TEACH Release

DASA Training

Degree Expected: ☐MA ☐MS ☐MS Ed ☐MST ☐CAS

Will you attend the Commencement Ceremony? ☐Yes ☐No

Date Degree Expected: _____ _____
Month *Year*

Major: _____

Education Majors: Are you applying for Teacher Certification? ☐ ***Yes*** ☐ ***No***

Those seeking professional certification, verification of teaching experience must be sent by your district superintendent to the following address. ***Office of Teaching Initiatives***
NYS Education Department
89 Washington Avenue, 5N-EB
Albany, NY 12234

IF YOU DO NOT GRADUATE THIS TERM, YOU MUST FILE ANOTHER APPLICATION!

Student Signature: _____ **Date:** _____

Office Use

Tentative Clearance Letter Sent: ___/___/___ Problem Letter Sent: ___/___/___

Final Clearance: ___/___/___ Denial: ___/___/___ Holds: _____

Comments: _____

Diploma Mailed: ___/___/___ Transcript Mailed: ___/___/___ TEACH Recommendation Entered: ___/___/___