

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.

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

Gender: M___ F___	MONTH/YEAR OF DEGREE: <input type="checkbox"/> August 20___ <input type="checkbox"/> January 20___ <input type="checkbox"/> May 20___	SCHOOL OF: <input type="checkbox"/> Liberal Arts <input type="checkbox"/> Business <input type="checkbox"/> Sciences
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Anticipated Degree:	MAJOR:	MINOR:	CERTIFICATE INFORMATION:
<input type="checkbox"/> B.A. _____ <input type="checkbox"/> B.S. _____ <input type="checkbox"/> B.B.A. _____ <input type="checkbox"/> 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

This section for Registrar's Office use only: Cum Laude_____
Magna Cum Laude_____
Summa Cum Laude_____

\_\_\_\_\_  
 Signature of Student