

Completion Term May: ___ Aug: ___ Dec: ___ Year: _____ ID#: C _____

Print Name Exactly as Diploma Should Read: _____

Mailing Address to Send Printed Diploma: _____

City: _____ State: _____ Zip Code: _____ Apt. _____

Phone: _____ Email: _____

Ceremony (Check One): Will Attend ___ or Will Not Attend ___

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Discipline	Credit Hours	Course Title	Scheduled	SUNYGER Credit
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Math above 100 or
Science with a lab
(-8 credits)