

Completion Term May: ____ Aug: ____ Dec: ____ Year: _____ ID#: C_____

Print Name Exactly as Diploma Should Read: _____

Mailing Address to Send Printed Diploma: _____

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

Phone: _____ Email: _____

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

Will attend ceremony short credits (6 cr.): ____ Will transfer credits back from: _____

Discipline	Credit Hours	Course Title	Scheduled	SUNY-GE Category	Credits Earned
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