

New Paltz Student ID #:
A 1

Last Name First Name MI

School of Business

UNDERGRADUATE DEGREE APPLICATION

State University of New York at New Paltz/ 1 Hawk Drive/ New Paltz, NY 12561

PLEASE PRINT OR TYPE ALL INFORMATION

First Name	Middle or Maiden Name	Name Last Name 3. Cell Phone Number:		
2. Telephone Number:	3.			
4. Permanent Home Address (Must b	e good for at least six months	after degree confer	ral):	
	State:	Zi	p:	
5. Personal E-Mail Address:				_
6. Campus E-Mail Address:				_
7. Date of planned graduation:	December	20 May 20	_ August 20	(Fill in last 2 digits of the year you wish to graduate)
B. Degree for which you are applying:				
†Bachelor of Science (All Business Majors)	Business Minor	Pursuing		SS & BA
9. Curriculum: BUSINESS	Academic	Major(s) A	cademic Minor(s)	
	1	1.		
	2	2.		
Signature of Student This student is ready for gra		Date of Filing		
Note: applications with deficiencies wil		Department Designee		Date
 Complete the School of Busines All degree evaluations will begin Once contacted, students are r Report) from The Center for Bu All Students must submit the Deadline. 	n once Advance Registration required to pick up their Degr siness Advising (VH206A) an	nit VH 206 by <u>Scho</u> nas been completed ee Clearance Pack d review and/or res	d et (Packet=grad a olve any given de	application & Progress ficiencies.
R OFFICE USE ONLY				
ee	Major	Major		Major
iculum	Honors	Minor		Total Credits