
Last Name First Name MI

UNDERGRADUATE DEGREE APPLICATION

Records and Registration/State University of New York at New Paltz

PLEASE PRINT OR TYPE ALL INFORMATION

1. Print Legal Name: _____
First Name Middle Last Name

2. Student I.D. _____ 3. Permanent Home Telephone Number (____) _____

3a. Cell Phone Number (____) _____

4. Permanent Home Address: **(Must be good for at least six months after degree conferral.)**

Street and Number City State Zip

5. Date you plan to graduate: December 20____ May 20____ August 20____

(Applications MUST be submitted one (1) semester prior to anticipated graduation date.)

6. Degree for which you are applying: Bachelor of Arts Bachelor of Science Bachelor of Fine Arts

7. Academic Major(s) 1. _____ Minor(s) 1. _____
2. _____ 2. _____

Signature of Student _____ Date of Filing _____

EDUCATION MAJORS: Please recommend me for New York State Teaching Certification. I hereby authorize the release of my Name and Social Security Number for the purpose of recommending me to the New York State Education Department's Office of Teaching Initiatives through the TEACH system.

Student's Signature

Date

FOR OFFICE USE ONLY

Degree _____

Curriculum _____

Major _____

Major _____

Minor _____

Total Credits _____

Honors _____