HOFSTRA
UNIVERSITY

Office of Academic Records and Registrar
207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

Graduate Graduation Application Form

The Hofstra University Graduate Application Form **MUST** be completed by students who have fulfilled the necessary program requirements and intend to graduate. Students who lack up to four semester hours of course work prior to commencement may fill out a Graduation Application as a commencement participant. When completed, please submit to the Office of Academic Records and Registrar, 207 Memorial Hall. Once processed, the left side of the application (the receipt) will be returned to students within two weeks. The right side of the application will be retained by the Office of Academic Records and Registrar.

Please follow the directions below before completing the form.

1. Please complete the left and right sides of the application; write in blue or black ink only.
2. On the right side of the application, please print the exact form of your name as you wish it to appear on yourdiploma. Please include any appropriate spaces, punctuation, etc. Name changes will not be recognized unlesssatisfactory documentary evidence is filed with the Office of Academic Records and Registrar.
3. The University cannot be responsible for the reprinting of diplomas due to candidates who fail to print legibly or to notify the Office of Academic Records and Registrar of any name changes.
4. Every candidate for graduation must submit a Graduate Graduation Application to the Office of Academic Records and Registrar by October 1 for December graduates and March 1 for May graduates. August candidates for graduation must file by June 15 for Summer Session I, July 15 for Summer Session II, and August 15 for Summer Session III. **Your name will not appear in the Commencement Program if the application is filed after the deadline.** There is a $25 fee for filing late. (Please see Tuition and Fees in the University Graduate Studies Bulletin.)
5. Please **return this application to the Office of Academic Records and Registrar in 207 Memorial Hall, South Campus**, for processing. For your convenience, you may fax this form to the Office of Academic Records and Registrar at 516-463-6421 or mail this form to: Office of Academic Records and Registrar, 207 Memorial Hall,126 Hofstra University, Hempstead, NY 11549-1260. If there are any questions, please call **516-463-8000**, option 2.

Important: If you are planning to continue your education beyond your current degree, you must submit your new application to the Hofstra University Graduate Admissions Office located in 105 Memorial Hall. During your last semester of attendance, any future semester records will be made inactive. You cannot attend any courses not needed for your current degree until you have been accepted into a new program or accepted as a non-matriculated graduate student.

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Receipt for Graduate Graduation Application

First Name: _____

Middle Name: _____

Last Name: _____

Student ID: 70_____

Month of Graduation: (Check one.)

❑ May ❑ August ❑ December

Year of Graduation: 20_____

Last Name: _____

(First) (Middle)

Today's Date: _____ Student ID: 70_____

Permanent Address:_____

City: _____ State: _____ ZIP: _____

Graduate Degree: _____

Month of Graduation: ❑ May ❑ August ❑ December

Year of Graduation: 20_____

For Informational Purposes:

Major(s): _____

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