

DEPARTMENT OF REGISTRATION AND ASSESSMENTS **APPLICATION FOR GRADUATION**

OFFIC	CE USE ONLY		GRADUATION CLEARANCE	
If this Applicat		ot be able to Participate in the G		
	·	ON AND COMPLIANCE / FINANCI		
APPROV	ED DATE: OFFICE	R DENIED / EXIT INT	ERVIEW NEEDED DATE: OFFICER _	
		FOR BURSAR DEPARTMENT O	ONLY	
APPROV	ED DENIED \$	DATE: _	BURSAR	
				-
Name (print)				
Address:				
	Number	Street	Apt#	
	City	State	Zip	
	·		•	
Email address:		Social Security	#: XXX-XX (last 4 digits)	
Telephone#: (Hon	ne)	(Work)		
				
Date applic	cation submitted	Stu	dent Signature	-
Learning Contorns	(Please Check one)	Bronx Manhattan	Brooklyn	
Learning Center:	(1 ICASE CHECK UHE)	DIOHA WIAHHAUAH	Diooxiyii ———	
Current Facilitate	or Name			
		Degree (Please Check or	ne)	
You plan to graduate at the end of the cycle.: FALL SPRING SUMMER MARCHER				
MASTE	R OF SCIENCE	HUMAN SERVICES	TESOL	
ВАСНЕІ	OR OF SCIENCE			
HUMAN	N SERVICES CHILI	DHOOD EDUCATION BUSIN	ESS ADMINISTRATION	
ASSO	OCIATE IN ARTS			
		FOR OFFICE USE ON	LY	_
		tion for graduation is <u>ACCEPT</u>		
And		and Dean's recommendations and		
		ion for graduation is DENIED		
<u>T</u>]	he following progran	n requirements for gradua	ation have not been met:	
				
	DATE	Director of	Registration and Assessments	