



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar
300 Jay Street, Brooklyn, NY 11201
Telephone (718) 260-5800

APPLICATION FOR DEGREE

**Do not complete this application unless you expect to graduate at the end of this semester.
Using your campus email, please send completed form to Registrar@citytech.cuny.edu.**

EMPLID: _____

Name: _____
LAST FIRST MIDDLE NAME/INITIAL

Address: _____

Phone Number: _____

YOUR NAME WILL APPEAR ON YOUR DIPLOMA EXACTLY AS IT APPEARS ON CUNYfirst. IF THIS IS INCORRECT, YOU MUST SUBMIT A "CHANGE OF INFORMATION" FORM WHICH CAN BE OBTAINED FROM THE REGISTRAR'S OFFICE.

Academic Plan: _____

Candidate for: JANUARY FEBRUARY JUNE SEPTEMBER YEAR: _____

Degree: BACHELOR ASSOCIATE CERTIFICATE

Student signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL WORK ONLY

Evaluation: Awarded: Denied:

Reason: _____

GPA: _____ Honors: CL: MCL: SCL:

Registrar's signature: _____

