Stony Brook University | Health Sciences Office of Student Services

CHANGE OF GRADUATION DATE / DIPLOMA ADDRESS FOR EAST CAMPUS STUDENTS

This form is for Health Sciences students who have **ALREADY APPLIED** for Graduation, and wish to change the Graduation Date or Diploma Mailing Address.

Name: _____   _____
                    (First)   (Last)

SBID#: _____   Daytime Phone: _____

Academic Program: _____

☐ I would like to change my **Graduation date** (completion of program) to:

Month	Term	Year
☐ December	Fall	20_____
☐ January	Winter	20_____
☐ May/June	Spring	20_____
☐ June (Dental Post-Doc & Certificate Programs ending in June) July / August	Summer	20_____

☐ I would like to update my **Diploma Address** to:

Street:_____

City: _____ State: _____ Zip: _____

Signature: _____   Date: _____
                        (student)

Signature: _____   Date: _____
                  (school representative)

Office of Student Services use only

Return to: Registrar's Office Stony Brook Union, Suite 206 Stony Brook, NY 11798-3221
Tel: 631.632.6175 or Fax: 631.982.7320
registrar_office@stonybrook.edu

8/2/16CF