



HEALTH SCIENCES APPLICATION FOR GRADUATION

This form is for Health Sciences students who have MISSED THE DEADLINE to apply for Graduation via SOLAR.

Name: _____ Stony Brook ID# _____
(Enter Name under which your university records are maintained)

Degree Expected (Circle One): BS MS MSW DNP DPT MPH MD DDS CERT

Declared Major(s) (Maximum of 2): _____

Declared Minor(s) if any (Maximum of 3): _____ , _____ , _____

Majors/minors must correspond to those declared on your academic record. Otherwise your application will not be processed.

Expected Graduation Date (check/circle one below and enter the year):

December Fall 20____ May/June Spring 20____

January Winter 20____ June (Dental Post-Doc & certificates ending in June) Summer 20____
July / August

Diploma Name: Print your name as you wish it to appear on your diploma (use upper/lower case). *If the diploma name does not correspond to the name on your university record, complete a name change form located on the University Registrar’s website. The name change form MUST be submitted to Health Sciences Office of Student Services to change your primary name.*

FIRST NAME AND MIDDLE NAME (maximum of 25 letters and spaces)

LAST NAME (maximum of 20 letters and spaces)

Mail diploma to the following address*: _____

***If your diploma mailing address is no longer valid after graduation please contact the Health Sciences Office of Student Services to update your diploma mailing address, or leave a forwarding address with your local post office.**

After graduation, I can be reached at: _____
Phone Number Email Address

Student Signature: _____ Date: _____

Return to: Office of Student Services, Health Sciences Tower L2-271, Stony Brook, NY 11794-8276
Tel: 631.444.2111 or Fax: 631.444.6035
hscstudentservices@stonybrook.edu