

The Graduate School and University Center
of The City University of New York

Office of the Registrar
Graduate Center: 365 Fifth Avenue, New York, N.Y. 10016

Application for Degree

Master of Philosophy (M.Phil.)

1. Discipline:

Identification Number:

2. Name:

Please print your name exactly as it is to appear on your diploma. (First name first)

3. Home (Mailing) Address: Please report any change in your address to the Registrar's Office and the Commencement Office promptly.

Number and Street

City

State/Zip

Telephone No:

Area Code

Number

4. Diploma Fee: \$25.00 Please attach either a check or money order (no cash) for \$25 made payable to GC - CUNY OR a paid bursar's receipt when submitting this application.

Signature:

Date:

Please return this application to:
Office of the Registrar
365 Fifth Avenue
New York, New York 10016
Room 7201

Telephone inquiries may be made by calling: (212) 817-7500

Do not write below this line

Expected Date of Degree:

Month/Year

cc: President