

The Graduate School and University Center
of The City University of New York
365 Fifth Avenue, New York, NY 10016
Office of the Registrar

Application for Degree

Master of Philosophy (M.Phil.)

1. **Discipline:** _____ **ID Number:** _____

2. **Name:** _____
Please print your name exactly as it is to appear on your diploma (first name first)

3. **Address:** Please report any future changes in your address to the Registrar's Office and the Office of Special Events.

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Diploma picked up by: _____ **Date:** _____