

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 _____

~~Application Fee: \$25.00. Payment by check or money order (no cash) for \$25 must be payable to CC, CUNY OR State Bar of New York. Payment of this fee is required for processing 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