

## 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#													
		(E	nter Na	me under w	nich yo	ur univ	ersity reco	rds are mai	ntained)						
<b>Degree Expected</b> (Circle One): BS					BS	MS	MSW	DNP	DPT	MPH	MD	DDS	CER	Γ	
Declare	ed M	ajor(s	s) (Max	ximum of 2	!):										<del> </del>
Declare	ed M	inor(s	s) if an	y (Maximi	ım of	<i>3</i> ):			,			, -			
	Ма	ijors/m	inors n	nust corres <sub>i</sub>	ond to	those	declared o	on your acc	ademic recor	d. Otherw	ise your ap	plication wi	ll not be p	processed	
Expect	ed G	radua	tion D	ate (check	c/circl	le one	below an	d enter th	e year):						
	] D	ecem	ber	Fall	20	)			May/June	2		Spring	20		
January Winter 20					0		June (Dental Post-Doc & Certificate Programs ending in June) July / August					r 20			
		-			•		•		to appear	•	•				
		chan	ge for	rm locate	d at	stony	brook.ed	<u>u/registra</u>	name on r/forms.sht	ml. The	name cl	hange for	-		
				]	FIRST	NAME	AND MI	DDLE NA	ME (maximu	ım of 25 let	ters and spa	nces)		<u> </u>	
<b>'</b>				1	ı	L	AST NAM	E (maxim	um of 20 lette	rs and spac	es)	1	1	W.	
Mail di	iplon	a to t	he foll	lowing add	dress <sup>:</sup>	*:									<del></del>
															<del></del>
	*	-	_	_			_		graduation leave a for	_					
After g	radu	ation,	I can	be reache	d at:							<b>—</b>			
							]	Phone Num	ber			Email Ad	dress		
Student Signature:										Date:					

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