

The College of Saint Rose

Application for Graduation - College Experience Program

Name _____ **Student ID#** _____

Name _____

(As you would like it to appear on your diploma - This is also the name that will be announced at the ceremony)

**If the name you request on your diploma is different than your student record name, you must submit legal documentation of name change before your diploma will be released.*

Address _____

Phone () _____

**Questions or concerns regarding this application will be sent to your Saint Rose e-mail account.*

Anticipated Date of Completion: **May** **20** _____

Student Signature _____ **Date** _____

This form should be submitted in October for May completion.