



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar

300 Jay Street, Brooklyn, NY 11201

Telephone (718) 260-5800

APPLICATION FOR DEGREE

Do not complete this application unless you expect to graduate at the end of this semester.

Please upload the completed form to [Registrar Student Form Submission](#)

EMPLID: _____

Name: _____
LAST FIRST MIDDLE NAME/INITIAL

Address: _____

Phone Number: _____

YOUR NAME WILL APPEAR ON YOUR DIPLOMA EXACTLY AS IT APPEARS ON CUNYfirst. IF THIS IS INCORRECT, YOU MUST SUBMIT A “CHANGE OF INFORMATION” FORM WHICH CAN BE OBTAINED FROM THE REGISTRAR’S OFFICE.

Academic Plan: _____

Candidate for: ☐ JANUARY ☐ FEBRUARY ☐ JUNE ☐ SEPTEMBER YEAR: _____

Degree: ☐ BACHELOR ☐ ASSOCIATE ☐ CERTIFICATE

Student signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICIAL WORK ONLY

Evaluation: _____ Awarded: ☐ Denied: ☐

Reason: _____

GPA: _____ Honors: ☐ CL: ☐ MCL: ☐ SCL: ☐

Registrar's signature: _____