

State University of New York Maritime College
Office of the Registrar

6 Pennyfield Avenue, Throggs Neck, NY 10465-4198

Telephone Number 718 409-7266

Fax Number 718 409-7264

Graduate Diploma Information Sheet

Note: Student must print off Transcript from the web, meet with his/her Advisor, and process a Check Sheet, BEFORE filing this form in the Registrar's Office. (a copy of transcript & check sheet must be attached to this form)

Diplomas must be ordered early to ensure that they are received in time for graduation. Please complete these forms and return to the Registrar's Office no later than 2 months prior to your graduation date of the year in which you plan on graduating. Your diploma cannot be ordered unless this form is returned on time. Please check your major to be certain that you are completing all requirements for graduation.

Print Name: _____

First

Middle

Last

(Name is as it should appear on the diploma and according to the official name on the record)

ID # _____ Expected **Date of Graduation** Month & Year August ____; January ____; May ____

For the **Master of Science Degree** and the **Major is International Transportation Management** *

***if you are also a License Graduate Student and expect to receive License, please indicate X in the**

License Option: Deck ____ or None ____

Are you a citizen of the United States? Yes ____ or No ____ Have you passed the US Coast Guard License examination? Yes ____ or No ____ When ____? Which license Deck ____ or Engine ____?

If not, when are you scheduled to sit for the USCG License examination ____?

Please complete:

Address _____

City _____ State _____ Zip _____ **** If Overseas Address**

Campus Telephone (____) _____ Home Telephone (____) _____

Email _____ Sex Male ____ Female ____

In order for the College to comply with both Federal and State reporting requirements, please indicate your ethnic group: (Optional)

____ Black, Non-Hispanic ____ Asian or Pacific Islander ____ American Indian or Alaskan Native

____ White, Non-Hispanic ____ Spanish Surname-American ____ Non Resident Alien – Country _____

**** If Overseas Address**

If you want your Diploma mailed overseas, there is a mailing charge. The charge is for express mail which is **\$20.00**. **The check or money order must be made payable to SUNY Maritime College.**

It must be attached with this form. Indicate Amount and if Check _____ or Money Order _____

Please indicate the exact address overseas. Remember that you as the student must sign for the receipt of the diploma sent.

Name _____

Address _____

City _____ (Province) and or Country _____

Zip or Postal Code _____

Signature of Student XX _____ **Date** _____

Signature of Advisor X _____ **Date** _____