Tel No. 718 409 - 7266

## SUNY MARITIME COLLEGE Office of the Registrar 6 Pennyfield Avenue

Throggs Neck, NY 10465 Fax No. 718 409 - 7264

## **Final Graduate Clearance Before Graduation**

Name of	of Student:					
		First	Middle	Last		
ID:		Degree:	Major:			_
Addres	s:		City:		State:	Zip:
Gradua	ation Date:	(January, May, or	September)		and Year	
Telepho	one numbe	r: Cell:	or Home:		and two email	addresses:
Maritim	ne College	email:	NON Ma	aritime emai	il:	
		r record, it is necessary es listed below and obt				
	nce may be	old placed on your reco processed. The record				
		ıst obtain Clearand s needed].	ce from Offices 1	, 2, 3, 7 be	low and from	1
1.	Library:			_ Date:		
2.	Financia	l Aid:		_ Date:		
3.	Student	Accounts:		_ Date:		
4.		e Graduates studen		Date:		
5.	-	ts living on campus of Housing:	<b>.</b> .	•		
6.		cional Students only onal Student Coordinate		_ Date:		
Submis been s	ssion of thi	eted form must be retu s form <u>does NOT gual</u> his time. If you do no orm for your next grad	rantee that all acader t graduate on the da	mic requirer	nents for the de	gree have
		st read statement and s dered all US Governme				bove
Sig	nature of	Student: X		_ Date: _	<u>-</u>	
7.	Registrar					
	Registra	r Received:		Date:		