Office of the Registrar

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APPLICATION FOR THE MASTER OF ARTS/SCIENCE DEGREE

Submitting this form is not a guarantee of degree. Students must be enrolled and have met their financial obligations to the university. Requirements vary by program and application should be initiated by the Executive Officer of the program.

STUDENT INFORMATION

Click above to choose your	Semester/Year		
Name: Last	First	MI	EMPLID (CUNYfirst ID)
Degree Type			Expected Date of Degree
Current Street Address			Phone #
City	State	Zip	Email
Student Signature			Date

PROGRAM CERTIFICATION

This is to certify that the above named student has:

□ Satisfied all the requirements for the degree including either a □ Thesis or a □ Capstone Project

□ Will satisfy all the requirements for the degree upon successful completion of the current semester including either

 \Box A Thesis or $\Box\,$ a Capstone Project

Executive Officer Signature

Date

OF NEW YORK