NEW BRUNSWICK DIPLOMA APPLICATION

1. RUID NUMBER: _______________________ SCHOOL: ______________________

2. GRADUATION DATE: _____ MAY _____ AUG _____ JAN YEAR: ________

3. Your CURRENT NAME in University Database: ___________________________________
   Include First Name, Middle Initial/Middle Name, Last Name

4. Your requested DIPLOMA NAME: ___________________________________________
   Include any needed punctuation, accents, or Upper/Lower Cased Names

   4A. IS A NAME CHANGE NECESSARY? _____YES   _____NO

5. CURRENT CELL PHONE/OTHER: __________________________________

6. Preferred EMAIL ADDRESS: _________________________________________

7. CURRENT MAILING ADDRESS: _______________________________________
   ___________________________________________________________________

   May diplomas are mailed in late June or early July
   August diplomas are mailed in November or early December
   January diplomas are mailed in late February or early March

   7A. Will the current address be VALID when diplomas are mailed? _____YES   ____ NO

   7B. If you answered NO to the above question, what date will your address change: ____________
       My NEW ADDRESS: ___________________________________________________
       ___________________________________________________
       ___________________________________________________

       Should this new address become your Permanent address: _____ YES _____ NO

8. Will you ATTEND the MAY COMMENCEMENT CEREMONY? _____YES   _____ NO

9. How do you wish to RECEIVE YOUR DIPLOMA:
   _____ MAIL TO: My CURRENT MAILING ADDRESS (#7 above)
   _____ MAIL TO: My NEW MAILING ADDRESS (#7B above)
   _____ PICK-UP IN OUR OFFICE (Undergraduate Registrar's Office, 65 Davidson Road,
       ASB Bldg, Room 200B, Piscataway, NJ 08854-8096)

ALT Hardcopy Dipl Appl
7/18/2018