



Office of the Registrar

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

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Please print all information

PRINT YOUR NAME AS IT APPEARS ON YOUR BMCC RECORD			
LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
HOME ADDRESS			CURRICULUM
STREET			TELEPHONE NUMBER
APT #			DAY: () _____
CITY			EVE: () _____
STATE			EMAIL ADDRESS
ZIP CODE			
PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA YOU MAY NOT CHANGE YOUR FIRST OR LAST NAME ON THIS FORM			GRADUATION YEAR AND SEMESTER
			YEAR 20_____
			FALL _____ SUMMER I _____
			SPRING _____ SUMMER II _____
FIRST	MIDDLE	LAST	WINTER _____

Additional Information

1. Please submit two completed copies of this form to the Registrar's Office in Room S-310.
2. After submitting this form, a graduation audit will be mailed to you informing you of your eligibility.
3. If you are eligible to graduate, we will contact you when your diploma is ready; approximately six (6) months after graduation.
4. If you are ineligible to graduate, you must reapply for graduation in the semester in which you will complete your final graduation requirement.