

## Application for Degree or Certificate

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Suffix \_\_\_\_\_ Email: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ UNI (University Network ID): \_\_\_\_\_  
PID (if applicable): C00 \_\_\_\_\_

Does this name differ from the name on your academic profile?

Yes \_\_\_ No \_\_\_

If yes, please indicate name on profile: \_\_\_\_\_

*If your name is significantly different from the one on your academic profile, you need to submit a Name Change Affidavit, available in the "Forms" section of our website at [registrar.columbia.edu](http://registrar.columbia.edu).*

### Degree or Certificate for Which You Are Applying

School: \_\_\_\_\_ Grad Year: \_\_\_\_\_ Month: \_\_\_\_\_  
*Select: Feb, May, June (HS only), or Oct*  
Department: \_\_\_\_\_ Degree or Certificate: \_\_\_\_\_

*Undergraduates only:*

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_  
Minor: \_\_\_\_\_

### Other Degree or Certificate for Which You Are Applying on the Same Date

*Note: You must complete a separate application for each degree.*

School: \_\_\_\_\_ Degree or Certificate: \_\_\_\_\_

**Post-Graduation Address and Contact Information** *Please supply the address to which your diploma should be mailed. This address should be valid for at least two months after graduation.*

Address Line 1: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may leave this field blank if submitting electronically.*

**Please return this form:**

**Via email:** [diplomas@columbia.edu](mailto:diplomas@columbia.edu)

**In person:** Diploma Division, 205 Kent Hall,  
1140 Amsterdam Ave., New York, NY 10027

**Contact us:**

**Via email:** [diplomas@columbia.edu](mailto:diplomas@columbia.edu)

**Website:** [askus.columbia.edu](http://askus.columbia.edu)