



SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY

Graduation and Key Return Form

NAME _____

(PRINT CLEARLY your name as you wish it to appear on your diploma)

SU ID # _____

DEGREE LEVEL _____ CURRICULUM _____

EXPECTED DATE OF GRADUATION: December _____ May _____ August _____

Keys returned (University Police signature required or attach receipt):

University Police _____ Date _____

If continuing at ESF (and not returning keys), major professor or supervisor signature:

Major Professor _____ Date _____

ADDRESS WHERE DIPLOMA WILL BE MAILED:

Diplomas are mailed after graduation. This address should be one which will not change for at least 6 months after graduation.

PERMANENT MAILING ADDRESS:

List here an address through which mail will always reach you. If this address is the same as above, write "same."

Date this form was completed:

OFFICE RECORD – CANDIDATES SHOULD NOT WRITE BELOW THIS LINE.

Diploma ordered _____ Date graduated _____

Diploma received _____ Diploma sent _____

Commencement fee paid _____

DIPLOMA COVER PICKED UP: _____