Degree Application / Degree Application Withdrawal Form

Note: This form is only to be completed to withdraw a degree application or to apply for your degree after the online application has closed on MyUAlbany for the semester in which you need to apply.

Full Name: __________________________________________________________________________

*You must review your demographics on MyUAlbany to ensure the correct spelling of your name and the correct mailing address for your diploma. You may add a degree name and a degree address. Inaccurate information will result in a diploma reissue fee.

Student ID # : _________________________________________________________________

Phone number:________________________________________________________________________

Email address:________________________________________________________________________

☐ Undergraduate  ☐ Graduate

Degree or Certificate (BA, MS, PhD, etc.): __________________________

Major/Program: ___________________________________________________________________

☐ Apply for degree (select term below):
Award term selection should reflect the term in which you have or will have all coursework and degree requirements completed.

☐ Withdraw degree application (select term below):

Award Term:  ☐ Spring  ☐ Summer  ☐ Fall  ☐ Winter

Year: __________

□ May

□ August

□ December

□ January *available beginning in 2019

Signature: ____________________________  Date: ______________

Please mail, email or fax your request to the Registrar’s Office.

University at Albany
Registrar’s Office CC-B52
1400 Washington Ave.
Albany, NY 12222

Phone: 518-442-5540; Fax: 518-442-5532
E-mail: degreeservices@albany.edu