



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

May

Year: _____

Summer

August

Fall

December

Winter

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