TOURO COLLEGE

Office of the Registrar
Graduate School of Education and Psychology

43 West 23rd Street
New York, NY 10010
Tel: (212) 463-0400
Fax: (212) 462-4889

APPLICATION FOR GRADUATION

Please PRINT your name exactly the way you wish it to appear on your diploma. If your name and address are different on Touro College Registrar's file, it will be necessary to submit a Name/Address form.

_____
Social Security Number

_____ _____ _____
First Name **Middle Name** **Last Name**

_____ _____
Mailing Address **Apt.**

_____ _____ _____
City **State** **Zip Code**

_____ _____ _____
Home Phone Number **Work Phone Number** **E-Mail Address**

Expected Graduation Date:

□ September_____ □ January_____ □ June_____

Program:

- □ MS Education & Special Education: Early Childhood (Birth – Grade 2)
- □ MS Education & Special Education: Childhood (Grades 1-6)
- □ MS Education & Special Education: Middle Childhood (Grades 5-9)
- □ MS School Administration and Supervision
- □ MS Scholl Psychology
- □ MS Teaching Literacy
- ✓ MS Instructional Technology
- □ MS Teaching English as a Second Language
- □ Certificate: School Administration and Supervision
- □ Certificate: Bilingual in Psychology
- □ Certificate: Bilingual in Special Education
- □ Certificate: Bilingual in Speech and Hearing Handicapped

Processing Fee:
There is a $200 fee for Graduation. This fee must be paid prior to the expected graduation date selected above. A fee should be made payable to TOURO COLLEGE and submitted to the Office of the Bursar.

You will be notified ONLY if there is a problem with your graduation eligibility.

_____ _____ _____
Student's Signature **Advisor's Signature** **Bursar's Signature**

_____ _____ _____
Date **Date** **Date**

FOR REGISTRAR'S USE ONLY

GRADUATION DATE: **SEPTEMBER / JANUARY / JUNE** **YEAR:**

PROCESSED BY: **DATE:**