

Application for Degree or Certificate

Last Name: _____
First Name: _____
Middle Name: _____
Date of Birth: _____
Email: _____
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 at <http://registrar.columbia.edu>.

Degree or Certificate for Which You Are Applying

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

Undergraduates only:

Major: _____
Minor: _____
Concentration: _____

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.

Address Line 1: _____
Address Line 2: _____
City: _____
State/Province: _____
Postal Code: _____
Country: _____
Permanent Email: _____
Phone Number: _____
Fax Number: _____

Student's Signature: _____
Date: _____

You may leave this field blank if submitting electronically.

Please return this form:

Via email: diplomas@columbia.edu

Via fax: 212-854-8747

In person: Diploma Division, 210 Kent Hall

Contact us:

Phone: 212-854-8319

Website: <http://askus.columbia.edu>