

Application for Degree or Certificate

Last Name: _____ Date of Birth: _____
First Name: _____ Suffix _____ Email: _____
Middle Name: _____ 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 of our website at registrar.columbia.edu.

Degree or Certificate for Which You Are Applying

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

Undergraduates only:

Major: _____ Concentration: _____
Minor: _____

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. This address should be valid for at least two months after graduation.*

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

Student's Signature: _____ Date: _____

You may leave this field blank if submitting electronically.

Please return this form:

Via email: diplomas@columbia.edu

In person: Diploma Division, 205 Kent Hall,
1140 Amsterdam Ave., New York, NY 10027

Contact us:

Via email: diplomas@columbia.edu

Website: askus.columbia.edu