Montclair State University/Office of the Registrar

APPLICATION FOR FINAL AUDIT

Print your name exactly as it should appear on your diploma using appropriate SPACING and PUNCTUATION (including accent marks, periods, hyphens, suffixes, etc.). DO NOT USE ALL CAPITAL LETTERS. First and last names must match University records.

Student Identification Number: ☐☐☐☐☐☐☐☐☐

LAST NAME

FIRST NAME

MIDDLE NAME(S), INITIALS &/OR MAIDEN NAME

TEACHER CERTIFICATION STUDENTS:
List the NJ certificate(s) you expect to receive _____

BACHELORS DEGREE
MASTERS DEGREE **(circle one)**
DOCTORAL DEGREE
CERTIFICATION-ONLY
CERTIFICATE-ONLY

Fill in year of expected conferment:

AUG 20_____ JAN 20_____ MAY 20 _____

Fill in code for the major(s) and minor(s) you have declared and will complete by the date listed above.

☐☐☐☐ First Major/Conc. ☐☐☐☐ Second Conc.

☐☐☐☐ Second Major

☐☐☐☐ First Minor ☐☐☐☐ Second Minor

List specialization/emphasis area if applicable

_____

APPLICATION MUST BE COMPLETED AND SIGNED BELOW

Have you received an audit from this office for a previous conferment date? NO _____ YES _____

If YES, list conferment month and year: _____

Have your records at the University ever been under a name other than that which appears on the reverse of this application? NO _____ YES _____

If YES, give other name: _____

Unless you have filed a change of name in accordance with university policy, your diploma/certificate will be printed in the same name as your record.

DEADLINES FOR FILING THIS CARD IN THE OFFICE OF THE REGISTRAR:

OCTOBER 1 - MAY CONFERMENT
MARCH 1 - AUGUST CONFERMENT
JUNE 1 - JANUARY CONFERMENT

YOU WILL RECEIVE YOUR AUDIT PRIOR TO THE LAST REGISTRATION WINDOW FOR YOUR FINAL SEMESTER.

It is the student's responsibility to confirm receipt of this application by consulting the list posted outside of the Office of the Registrar during the month immediately following the filing deadline. Notification will be mailed to the permanent address on file in the Office of the Registrar. Any change of address must be reported to this office in writing. **PLEASE NOTE: FILING THIS CARD WILL AUTOMATICALLY REMOVE YOU FROM ANY PREVIOUS GRADUATION LIST.**

_____ Signature

_____ Date

4/09W