



Diploma Application

**Return completed form to the Office of the Registrar (Room 116).
A DIPLOMA CANNOT BE ORDERED FOR YOU UNLESS THIS FORM IS FILLED OUT COMPLETELY.**

Name _____ Student ID #: _____

Division: Classical Jazz/Commercial Orchestral

Major: _____

Degree: Bachelor of Music Undergraduate Diploma Master of Music

Postgraduate Diploma Professional Studies Diploma Doctor of Musical Arts

I intend to graduate: May December Year: _____

EXACTLY HOW YOU WANT YOUR NAME TO READ ON YOUR DIPLOMA

Indicate all spaces and legibly print capital letters, complete spellings, abbreviations, accents and punctuation exactly as desired to appear on the diploma. Your name CANNOT be printed in all capital letters.

Please hold my diploma for pick-up. Contact Information:

Phone Number (s): _____

Email: _____

-Or- Please mail my diploma to the address below. (Parent or permanent address recommended)

Signature: _____ Date: _____

I expect to participate in the May graduation ceremonies:

Yes No *You must be measured for a cap and gown. Details concerning the fitting are available from the Office of Student Life. Note: There is NO December ceremony.*

OFFICE USE ONLY

Circle One
Mailed or Pick/up Date _____

Signature _____
(for Pickup Only)

RETURN THIS FORM TO
Manhattan School of Music
Office of the Registrar Room 116
120 Claremont Ave
New York, NY 10027-4698