



Yeshiva University

REGISTRAR • FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

1165 Morris Park Ave, Rousso 128A | Bronx, NY 10461 | Phone 646 592 4515 | Fax 718 430 3960 | E-mail resnickregistrar@yu.edu

APPLICATION FOR GRADUATION

To be considered for degree conferral, students must submit this form to the Office of Registrar.

Fees (billed online through MYYU):

Terminal degrees: \$150.00

En-route Masters: \$50.00

Deadlines*:

November 1st: January degree

March 1st: June, August and September degrees

Your name will not appear in the graduation commencement booklet if your application is late

Degrees are conferred ONLY when the Office of the Registrar officially confirms that all requirements have been met and there are no outstanding financial obligations to the University.

Anticipated Degree Date: January 20__ June 20__ August 20__ September 20__

Legal Name _____ YU ID _____
LAST, FIRST, MIDDLE STARTS WITH # 800 or 999

Degree Applying: _____ Major: _____
(MA, PSYD or PHD) (for major codes see reverse side)

I will not attend the graduation ceremony I will attend the graduation ceremony in May 20__*

For your cap/gown order, please provide the following information: Height: ft ____ in ____ Weight: ____

Internship End Date (if you are currently on internship and applying for a doctoral or mental health MA degree): _____

*Please note students are only eligible to walk in the graduation ceremony if they have completed all requirements including oral defense, dissertation/research project revisions, and doctoral internship. Exceptions may be made for students whose only requirement left over the summer is doctoral internship. All students should receive permission to walk from the program directors. Masters en-route students are not eligible to walk.

DIPLOMA INFORMATION: (Please write exactly how you would like your name to appear on your diploma. You will be required to officially change your name with school records if the last name you enter differs from the last name that currently appears on your student record.)

Diploma Name

FIRST MIDDLE LAST

Mailing Address

NUMBER & STREET, APT # CITY STATE ZIP

Daytime Phone _____ Email: _____

For PSYD and Ph.D. Candidates Only: Please provide the title of your Dissertation / Research Project:

(Please write clearly as this is the EXACT title that will be published in the graduation commencement booklet)

Student Signature: _____ Date: _____



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MAJOR CODES

MHMA: Mental Health Counseling
HPMA: Clinical Health Psychology MA
CPMA: Clinical Psychology MA
SPMS: School Psychology
HPHD: Clinical Health Psychology
CPSY: Clinical Psychology
SPSY: School-Clinical Child Psychology

DEGREES

MA: Master of Arts
MA: Master of Arts
MA: Master of Arts
MS: Master of Science
PHD: Doctor of Philosophy
PSYD: Doctor of Psychology
PSYD: Doctor of Psychology