CUNY BACCALAUREATE COMMENCEMENT ORDER FORM

- YOU MAY NOT SUBMIT THIS FORM IF YOU HAVE NOT HAD A GRADUATION AUDIT
- If you marched in commencement last year and wish to march again, please contact Beth Kneller at bkneller@gc.cuny.edu; you will still have to pay this year’s fee.
- If you are only attending your college’s graduation, purchase your cap and gown from your home college, not from CUNY BA.

Please complete both sides

[ ] I WILL attend commencement

Checklist for enclosures you are to return to the CUNY BA Office
1. [ ] this order form
2. [ ] a check or money order made out to “CUNY BA Program” for $50.00
   OR
3. [ ] a check or money order made out to “CUNY BA Program” for $35.00 if you will be wearing your own plain black cap and black gown. (You will receive a CUNY BA sash and tassel)
4. [ ] Orders placed after April 15 require an additional 20.00 processing fee

DO NOT SEND CASH. If you are unable to pay by check or money order, you may bring cash to the program office, M-F, 9am-5pm.

CIRCLE SIZE BY HEIGHT IN SHOES (circle one):
4’9” - 4’11”  5’0” - 5’2”  5’3” - 5’5”  5’6” - 5’8”
5’9” - 5’11”  6’0” - 6’2”  6’3” - 6’5”  Other _________

OR  PLUS SIZES, HEIGHT IN SHOES (circle one):
+1 (4’9” – 5’5”)  +2 (5’6” – 5’11”)  +3 (6’0” – 6’5”)

TYPE OR PRINT NEATLY:
NAME ________________________________________________

YOUR GRADUATION DATE (circle one)  SEPT. ‘12  JAN. ‘13  JUNE ‘13  SEPT. ‘13

DAY-TIME PHONE (_____)(______) EMAIL ________________________________

CHECK HERE & SIGN IF THIS IS A NEW:  PHONE _____  E-MAIL____

ADDRESS, IF NEW (Signature required): ________________________________________

SIGNATURE: _________________________________________________________________

Due By April 15, Mail or deliver all items to: CUNY BACCALAUREATE,
ATTN: Jean Myers, 365 FIFTH AVENUE, ROOM 6412, NEW YORK, NY 10016
PLEASE COMPLETE THE BACK OF THIS FORM.
CUNY Baccalaureate for Unique and Interdisciplinary Studies

365 Fifth Avenue, Suite 6412
New York, NY 10016–4309
TEL 212.817.8220 FAX 212.817.1512

CUNY Baccalaureate may want to use your photo from commencement and related academic information about you for CUNY and/or external publicity. Accordingly, we request that you complete this form. Thank you.

CONSENT AND RELEASE FORM

I hereby authorize The City University of New York (CUNY) and those acting pursuant to its authority to publish the following information on its website at cuny.edu and in other CUNY print and electronic media, including but not limited to web pages of The Graduate Center:

(1) My name; and
(2) My home college:
(3) My area(s) of concentration:
(4) My publications and presentations:
(5) My honors and scholarships:
(6) My professional and academic achievements:
(7) Excerpts from my personal statement:
(8) Excerpts from my resume:
(9) My photograph:

I release CUNY and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that I may revoke this consent at any time by sending a request in writing to the Vice President for Student Affairs. I have read and fully understand the terms of this consent and release.

____________________________________  __________________________
Signature                                      Date

____________________________________
Name (please print)