CUNY BACCALAUREATE COMMENCEMENT ORDER FORM

- You cannot submit this form if you have not had a graduation audit.
- If you are ONLY attending your college's graduation, purchase your cap and gown from your home college, not from CUNY BA/BS.

[ ] I WILL attend commencement

Checklist for enclosures you are to return to the CUNY BA/BS Office
1. [ ] this order form.
2. [ ] the 2-part cap & gown order form* (Don’t send if you have your own all-black attire).
3. [ ] a check or money order made out to “CUNY BA/BS Program” for $75.00
   OR
4. [ ] a check or money order made out to “CUNY BA/BS Program” for $60.00 if you will be wearing your own plain black cap and black gown. (You will receive a CUNY BA/BS stole and tassel).
5. [ ] Orders placed after April 6 require an additional 10.00 fee.

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

CIRCLE SIZE BY HEIGHT (circle one):

40 (4’9 TO 4’11) 43 (5’0 TO 5’2) 46 (5’3 TO 5’5) 49 (5’6 TO 5’8)
52 (5’9 TO 5’11) 55 (6’0 TO 6’2) 58 (6’3 TO 6’5) Other _________

OR

PLUS SIZES (circle one):
+1 (4’9 TO 5’5) +2 (5’6 TO 5’11) +3 (6’0 TO 6’5)

PLEASE TYPE OR PRINT NEATLY

NAME __________________________________________________________________________

YOUR GRADUATION DATE (circle one) SEPT. ’09 JAN. ’10 JUNE ’10 SEPT. ’10

ADDRESS _______________________________________________________________________

DAY-TIME PHONE (_____)____________ EMAIL _______________________________________

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

SIGNATURE: _____________________________________________________________________

By April 16, Mail or deliver all items to: CUNY BACCALAUREATE,
ATTN: Jean Myers, 365 FIFTH AVENUE, ROOM 6412, NEW YORK, NY 10016
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: Yes_________ No__________
(3) My area(s) of concentration: Yes_________ No__________
(4) My publications and presentations: Yes_________ No__________
(5) My honors and scholarships: Yes_________ No__________
(6) My professional and academic achievements: Yes_________ No__________
(7) Excerpts from my personal statement: Yes_________ No__________
(8) Excerpts from my resume or CV: Yes_________ No__________
(9) My photograph: Yes_________ No__________

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)      Student I.D. number