

**Posthumous Diploma Request Form**

Farmingdale State College may award a posthumous degree/certificate in recognition of a student's work and satisfactory progress towards degree at the time of death. To be considered for a posthumous degree the student's family member, survivor, or legal representative must request the award of a posthumous degree. A campus representative may also initiate the request after obtaining consent from a family member, survivor, or legal representative

This form is to be used for requests for a posthumous degree. This form must be submitted to the Registrar's Office.

**STUDENT PERSONAL INFORMATION (at the time of enrollment)**

Student's Legal First Name: \_\_\_\_\_

Student's Legal Last Name: \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Last 4 digits of SSN#: \_\_\_\_\_ Student's RAM ID# (If known): \_\_\_\_\_

Program of Study (If known): \_\_\_\_\_

**REQUESTER INFORMATION**

Full Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Registrar's Office Student meets minimum requirements:  Yes  No (not eligible)

Student is a candidate for Latin Honors:  Yes  No

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied

School Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied

Graduate Chair Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied

Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approved  Denied

**Return the completed form to Registrar's Office, Laffin Hall, Room 255 or [regoffice@farmingdale.edu](mailto:regoffice@farmingdale.edu)**

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