

NASSAU COMMUNITY COLLEGE  
**POSTHUMOUS DEGREE REQUEST**  
OFFICE OF THE REGISTRAR



**DEGREE REQUESTING PARTY:**

NAME:	
EMAIL ADDRESS	PHONE NUMBER
MAILING ADDRESS	

**STUDENT INFORMATION:**

NAME OF STUDENT:	SOCIAL SECURITY OR NCC ID
DEGREE BEING SOUGHT:	PROGRAM

**FOR COLLEGE USE:**

THIS DEGREE REQUEST HAS BEEN

APPROVED  DENIED

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

ACADEMIC DEAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VICE PRESIDENT ACADEMIC AFFAIRS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF ADMINISTRATIVE OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRAR ATTACH A COPY OF DEGREE AUDIT AND TRANSCRIPT

If approved and signed, please forward to: Office of Registrar  
Nassau Community College  
One Education Drive  
Garden City, NY 11530-6793

If denied, please send requester a letter of explanation. Return this form along with a copy of the letter to the above address.