



Bratislava students send to:  
**Attn: DIPLOMA COORDINATOR**  
 Panonská cesta 17  
 851 04 Bratislava, Slovakia  
 Fax +42.12.6381.0611  
[www.cityu.eu](http://www.cityu.eu)

Trenčín students send to:  
**Attn: DIPLOMA COORDINATOR**  
 Bezručova 64  
 911 01 Trenčín, Slovakia  
 Fax +42.13.2652.9337  
[www.cityu.eu](http://www.cityu.eu)

## DEGREE AUDIT APPLICATION SLOVAKIA

**Student Name:** \_\_\_\_\_ **CityU Student ID No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Academic Program (Degree): (Check Only One)**

- Bachelor of Science       Master of Business Administration

**Earning a certificate?**  
**Please use a Certificate Audit Application.**

**Academic Plan (Major or Emphasis): (Required)** \_\_\_\_\_

**Academic Graduation:** (Check the TERM your program requirements will be or were completed and indicate the YEAR.)

- Summer (September 30<sup>th</sup>)  Fall (December 31<sup>st</sup>)  Winter (March 31<sup>st</sup>) or  Spring (June 30<sup>th</sup>) in the year \_\_\_\_\_

**Name on Your Diploma:**

Please PRINT your name below, NEATLY and EXACTLY as you would like it to appear on your diploma. DIACRITICAL MARKS must be very clear.

Names significantly different from the LEGAL NAME on record may require documentation and **Change of Name** form.

**Diploma to be Mailed to You at:**

Address _____		
Address _____	Postal Code _____	Contact Phone _____
City, Prov. _____	Code _____	Cntry _____

**Commencement (Graduation Ceremony):**

- Do you plan to attend Commencement in Slovakia?     YES    NO    UNDECIDED    If YES, in what year? \_\_\_\_\_  
 Or do you plan to attend Commencement in the U.S.A.?     YES    NO    UNDECIDED    If YES, in what year? \_\_\_\_\_

**Degree Audit and Other Charges:**

Degree Audit – Required

**Mail Options:**

- To Bratislava site      No Charge  
 To Trenčín site      No Charge  
 International Express Mail

The following services are optional.

- Apostille  
 or  
 Authentication

**TOTAL (in Euros/EUR) for all requested services: €** \_\_\_\_\_

**X**

\_\_\_\_\_  
**SIGNATURE OF STUDENT** (Required in accordance with the U.S. Family Educational Rights and Privacy Act of 1974) **Date**

**Payment Information:** (Fees to be charged and paid in Euros/EUR)

Amount Paid: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date Paid: \_\_\_\_\_