



**Icahn  
School of  
Medicine at  
Mount  
Sinai**

*Graduate School of  
Biomedical Sciences*

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## Graduate Program in Public Health - STUDENT CHECKOUT FORM

STUDENT INFORMATION		
Student Name (First, Middle Initial , Last)	Signature	Date
FORWARDING INFORMATION::		
Mailing/Forwarding Address:	Telephone Number: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	
	Non-Sinai email:	
<input type="checkbox"/> Please check if staying at ISMMS for employment or other educational program: <span style="float: right; margin-left: 100px;">Details:</span>		
DEPARTMENTAL CLEARANCE:		
This form must be completed and returned to the Graduate Program in Public Health before a final transcript can be issued or the diploma awarded. Failure to turn in the form can result in a delay of your graduation and degree conferral.		
Levy Library - Return all books and library card, clear fines (Circulation Desk, Annenberg 11)		Date:
International Personnel [International students <u>only</u> ] (19th E.98th Street, 1st floor.)		Date:
Bursar - Clear Accounts (Office of Enrollment Services, 212-241-5245, Annenberg 12-70)		Date:
Financial Services - Financial Aid Exit Interview (Office of Enrollment Services, 212-241-5245, Annenberg 12-70) Students with loans should complete the Exit counseling process (see link: <a href="https://studentloans.gov/myDirectLoan/index.action">https://studentloans.gov/myDirectLoan/index.action</a> )		Date:
Registrar - Review Student Account ( Office of Enrollment Services , 212-241-6691, Annenberg 12-70) Must sign once all signatures above have been received and before obtaining Director signature		Date:
Program Director – Nils Hennig, MD, PhD To obtain Dr. Hennig’s signature, please submit this form to Rose Vallines, Administrative Assistant, with a Resume/CV.		Date: