



**Icahn  
School of  
Medicine at  
Mount  
Sinai**

*Graduate School of  
Biomedical Sciences*

One Gustave L. Levy Place  
Annenberg Building-  
Room 1330 Box 1257  
New York, NY 10029-6574

Phone 212.241.6691  
Facsimile 212.369.6013  
E-mail: :  
Registrar@mssm.edu

## Graduate Program in Public Health MS in Epidemiology Graduation Application Form

STUDENT INFORMATION		
Student Name (First, Middle Initial , Last)	Life Number:	
ADDRESS INFORMATION::		
Mailing/Forwarding Address:	Telephone Number: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	
	Non-Sinai email:	
INSTRUCTIONS:		
<p>Please complete and return to the Graduate Program in Public Health Program Office.    publichealth@mssm.edu CAM Building, 17 E. 102 St., West Tower – 5th Fl Interoffice Box 1403</p> <p>The Graduation Application Form must be submitted in order for Program Administration to review a student’s eligibility for degree conferral. Students will not be awarded the degree until all remaining requirements have been met. Submission of this form does not guarantee that a student is eligible to graduate.</p> <p>Failure to turn in the form can result in a delay of your graduation and degree conferral.</p>		
DEGREE INFO		
<p><b>Full Diploma Name (as you want to appear on diploma) :</b> Please note - The ONLY changes that can be made to your diploma name are the inclusion or exclusion of middle names, or changing full names to initials. If you wish to change your last name or first name, you MUST produce legal name change documentation</p>		
First Name	Middle Name	Last Name
<p><b>Target Degree Conferral (check one):</b>    <input type="checkbox"/> September    <input type="checkbox"/> January    <input type="checkbox"/> June</p>		
<p><b>Masters Commencement Ceremony:</b></p> <p>Do you wish to participate?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> I already attended in _____</p> <p><b>If Yes:</b> Phone Number to contact you on Commencement Day: _____</p> <p><b>If Yes</b> Please write out the <b>Phonetic Pronunciation of your First, Middle and Last name:</b></p>		
First Name	Middle Name	Last Name
<p><b>Diploma Pick Up:</b> Diplomas can be picked up on campus when available or mailed, if you are not local.</p> <p>Would you like your diploma mailed to the address above?    <input type="checkbox"/> Yes    <input type="checkbox"/> No, I will pick it up in person    <input type="checkbox"/> No, Please mail it to the address below</p>		
STUDENT SIGNATURE		
	Date	