MOUNT SINAI SCHOOL OF MEDICINE
NEW YORK

MASTER OF PUBLIC HEALTH PROGRAM
GRADUATION APPLICATION FORM

Please complete and return to Ms. Rose Vallines, Administrative Assistant.

CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1043 Fax 212-824-2327

Please note that the Graduation Application Form must be submitted no later than 1st February of the year the student is intending to complete his/her degree. This is to ensure that all of the requirements toward completion of the degree have been met. Students will not be able to march in commencement ceremonies until all coursework, practicum, and thesis requirements have been met. Completion and submission of this form does not guarantee that a student is eligible to graduate.

Student Name: _____

Specialty Track: _____

Student Mount Sinai Life Number: _____

Local Address (street, apt., city, state, zip): _____

_____

Local Phone: _____ Mobile Phone: _____ Beeper: _____

Mount Sinai Extension (if applicable): _____ e-mail address: _____

Expected Month of Graduation: ☐ May ☐ September ☐ February

Will you participate in the commencement ceremonies in May? ☐ Yes ☐ No

If not, would you like us to mail your diploma to the address above? ☐ Yes ☐ No

If you would like us to send your diploma to a different address, please write it legibly below:

_____

_____

Name exactly as it is to appear on Diploma (Please print legibly; we cannot be responsible for illegible writing)

_____

Student: _____ _____ _____
Signature Print Date

Updated July 2009