



Application for Graduation

PLEASE PRINT ALL INFORMATION EXCEPT YOUR SIGNATURE

Name: _____

Student ID #: _____

Degrees are awarded twice a year in May and December. A student must be registered for the semester/academic term in which they will graduate. Morehouse School of Medicine has one Commencement Exercise per academic year. (The 3rd Saturday in May)

1. Degree Program:

☐ MD ☐ MPH ☐ MSBS ☐ MSBT ☐ MSCR ☐ Ph.D

2. Graduation Term ☐ December ☐ May Year: _____

3. _____

Please enter your name here exactly as you wish it to appear on the Commencement Program and on your diploma.

4. Will you be participating in the Commencement Exercises? ☐ Yes ☐ No
If not, please provide the exact address to where your diploma should be shipped

Business Office Information

Did you receive National Direct Student Loan/Graduate Student Loan Funding while attending MSM? ☐ Yes ☐ No

MPH & PhD Students: (Track Coordinator of Advisor Must Sign)

Track Coordinator/Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only

Cap & Gown Measurements on File **Yes / No**

Degree Audit Completed **Yes / No**

Registrar Approval: _____ Date: _____